

**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="141846.10"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="203480.43"/>	<input type="text" value="514605.18"/>
(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="345326.53"/>	<input type="text" value="608730.85"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92418.59"/>	<input type="text" value="355822.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="252907.94"/>	<input type="text" value="252907.94"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	190170.18	485508.10
(ii) Unitemized	13310.25	29097.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	203480.43	514605.18
(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)	203480.43	514605.18
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))..... ▶	203480.43	514605.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	203480.43	514605.18

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	4918.59	10822.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4918.59	10822.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	87500.00	330000.00
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	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)) ..	92418.59	355822.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92418.59	355822.91

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)	203480.43	514605.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	203480.43	514605.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	4918.59	10822.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	4918.59	10822.91

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 96
	<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. David C. Adams
Full Name (Last, First, Middle Initial)

Mailing Address 2427 Rocky Shores Dr

City Niceville State FL Zip Code 32578-2370

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

Name of Employer Coastal Skin Surgery and Dermatology Occupation Physician

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
 05 / 01 / 2015
Transaction ID : 78737A1AB97341F6B237

Amount of Each Receipt this Period
 1000.00

B. Russell S. Akin
Full Name (Last, First, Middle Initial)

Mailing Address 1920 Pagewood Dr

City Midland State TX Zip Code 79707-5060

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

Name of Employer Midland Dermatology and Skin Cancer Ce 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
 05 / 11 / 2015
Transaction ID : A0B3BB4F2FF82C00558

Amount of Each Receipt this Period
 250.00

C. Murad Alam
Full Name (Last, First, Middle Initial)

Mailing Address 70 E Walton St Apt 10D

City Chicago State IL Zip Code 60611-1493

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

Name of Employer Northwestern Medical Faculty Foundatio Occupation Physician

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
 05 / 05 / 2015
Transaction ID : C517DFBFE3F318FF886

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John G. Albertini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2015 Transaction ID : FE4DC768250A496F9AF9
Mailing Address 1529 Boxthorne Ln		Amount of Each Receipt this Period 2600.00
City Winston Salem	State NC	Zip Code 27106-4471
FEC ID number of contributing federal political committee. C		
Name of Employer The Skin Surgery Center	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. Steven Altmayer		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2015 Transaction ID : 9D0C515A-7938-415D-
Mailing Address 34 Cheshire Dr		Amount of Each Receipt this Period 250.00
City Longmeadow	State MA	Zip Code 01106-2133
FEC ID number of contributing federal political committee. C		
Name of Employer Riverbend Medical Group	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Lawrence L. Anderson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2015 Transaction ID : A04EA7A9E7C40FCB913
Mailing Address 1318 S Chilton Ave		Amount of Each Receipt this Period 1000.00
City Tyler	State TX	Zip Code 75701-2905
FEC ID number of contributing federal political committee. C		
Name of Employer Dermatology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3850.00
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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Reagan Anderson		Date of Receipt
Mailing Address 5439 Lester Aly		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Colorado Springs	CO	80924-8147
FEC ID number of contributing federal political committee.		Transaction ID : 47F6BD6C8AEB07F1D86B
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="83.33"/>
Colorado Dermatology Institute	Occupation	
	Practice Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="666.65"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Evans Bailey		Date of Receipt
Mailing Address 5221 Cahaba Valley Cv		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
Birmingham	AL	35242-3308
FEC ID number of contributing federal political committee.		Transaction ID : A630B4C60B904527BDF7
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Surgical Dermatology Group	Occupation	
	Dermatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Mary F. Barber		Date of Receipt
Mailing Address 3210 SW 33rd Road Suite 101		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ocala	FL	34474
FEC ID number of contributing federal political committee.		Transaction ID : 739C938CBB07B8FF875
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="500.00"/>
Skin Cancer Center of Central Florida,	Occupation	
	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5583.33"/>
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 9 OF 96
<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 O. Barlow
Full Name (Last, First, Middle Initial)

Mailing Address 8697 W Andrea Dr

City Peoria State AZ Zip Code 85383-3715

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

Name of Employer Arizona Dermatology Specialists Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2015
Transaction ID : 5A09DDF6-8A92-4638-

Amount of Each Receipt this Period 1000.00

B. Kathleen L. Behr
Full Name (Last, First, Middle Initial)

Mailing Address 1558 E Shadow Creek Dr

City Fresno State CA Zip Code 93730-3536

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 ▼ 4000.00

Date of Receipt 05 / 19 / 2015
Transaction ID : BDECE43A888CDB791EB

Amount of Each Receipt this Period 4000.00

C. Richard Gary Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 10325 Bannockburn Dr

City Los Angeles State CA Zip Code 90064-4513

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 05 / 01 / 2015
Transaction ID : B7727571606E4655948F

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

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 96
	<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. Daniel Berg
Full Name (Last, First, Middle Initial)

Mailing Address 6819 21st Ave NE

City Seattle State WA Zip Code 98115-6949

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

Name of Employer Seattle Skin Cancer Center 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
 05 / 01 / 2015
Transaction ID : 6B43E9E3833B4DCEB52C

Amount of Each Receipt this Period
 250.00

B. Ashish Bhatia
Full Name (Last, First, Middle Initial)

Mailing Address 2496 Stonehenge Dr

City Aurora State IL Zip Code 60502-4702

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

Name of Employer DuPage Medical Grove Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : E74DFDD43C8542CF8CB1

Amount of Each Receipt this Period
 5000.00

C. Elizabeth M. Billingsley
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Penn State Hershey Medical Center 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
 05 / 01 / 2015
Transaction ID : F267C0948E3C483CB059

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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 96
	<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. John Q. Binhlam
 Full Name (Last, First, Middle Initial)
 Mailing Address 5158 Remington Dr
 City Brentwood State TN Zip Code 37027-3001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Skin & Laser Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 22 / 2015**
Transaction ID : 9613B74CEA99ECA2D0A
 Amount of Each Receipt this Period **1000.00**

B. Sharon Blakeley Bond
 Full Name (Last, First, Middle Initial)
 Mailing Address 2112 W 35th St
 City Kearney State NE Zip Code 68845-2712
 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 **05 / 27 / 2015**
Transaction ID : 7C32DB6A052DBF1CFF0
 Amount of Each Receipt this Period **250.00**

C. Jeremy S. Bordeaux
 Full Name (Last, First, Middle Initial)
 Mailing Address 22300 Douglas Rd
 City Shaker Heights State OH Zip Code 44122-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Hospitals Case Medical Cener CWRU Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 01 / 2015**
Transaction ID : 5486D3A1E32B4F2199C7
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 12 OF 96
<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. Jonith Y. Breadon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 W. Fulton Market
 City Chicago State IL Zip Code 60607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aesthetic Dermatology and Laser Surgeon Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 15 / 2015**
Transaction ID : F8D265ACEE35EF2DCE2
 Amount of Each Receipt this Period **250.00**

B. David G. Brodland
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Hills Medical Building Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **05 / 01 / 2015**
Transaction ID : D2D411FE4D8D4C469585
 Amount of Each Receipt this Period **5000.00**

C. Clarence William Brown Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6049 N Claremont Ave
 City Chicago State IL Zip Code 60659-5257
 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 **500.00**

Date of Receipt **05 / 05 / 2015**
Transaction ID : 52D123F559039EAAFF
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **5350.00**
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 96
	<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. Lance H. Brown
Full Name (Last, First, Middle Initial)
Mailing Address 10 W. 15th Street
City New York State NY Zip Code 10011-6838
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 **05 / 26 / 2015**
Transaction ID : C552DBEC246E8316CFE
Amount of Each Receipt this Period **500.00**

B. Timothy S. Brown
Full Name (Last, First, Middle Initial)
Mailing Address 1903 Arnold Palmer Blvd
City Louisville State KY Zip Code 40245-5196
FEC ID number of contributing federal political committee. **C**
Name of Employer Associates in Dermatology Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 11 / 2015**
Transaction ID : C5CEE7BB9522C42D6AD
Amount of Each Receipt this Period **750.00**

C. John L. Buker
Full Name (Last, First, Middle Initial)
Mailing Address 3409 Chestnut Hill Ln
City Lexington State KY Zip Code 40509-1916
FEC ID number of contributing federal political committee. **C**
Name of Employer Bluegrass Dermatology Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 05 / 2015**
Transaction ID : F2FA3AB589405CF0175
Amount of Each Receipt this Period **750.00**

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 14 OF 96
	<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. Steven Mark Burnett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1545 Mound Street
 City Sarasota State FL Zip Code 34236-7787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Burnett Dermatology Occupation Physician
 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
 05 / 26 / 2015
Transaction ID : EF1149D0F8CB690ECB3
 Amount of Each Receipt this Period
 500.00

B. Carrine A. Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 Lower Flying Point Rd
 City Freeport State ME Zip Code 04032-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bates Mill Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : 7C06A31306CE1E1DB47
 Amount of Each Receipt this Period
 5000.00

C. Michelle A. Bussmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 19575 Chimo West St
 City Wayzata State MN Zip Code 55391-3505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Specialists PA Occupation Dermatologist
 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
 05 / 11 / 2015
Transaction ID : 043985810E3039612A3
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	5800.00
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 96
	<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. Tracy M. Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 356 W Wisconsin St

City Chicago State IL Zip Code 60614-5452

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

Name of Employer Moore Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 07 / 2015
Transaction ID : C3FDC615157A854AF6B

Amount of Each Receipt this Period 5000.00

B. Erica P. Canova
Full Name (Last, First, Middle Initial)

Mailing Address 14539 NW 11th Pl

City Newberry State FL Zip Code 32669-2966

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

Name of Employer Gainesville Dermatology & Skin Surgery Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 05 / 24 / 2015
Transaction ID : 2FFB324C1C76D5C4CB4

Amount of Each Receipt this Period 2500.03

C. Patricia A. Carroll-Chen
Full Name (Last, First, Middle Initial)

Mailing Address 8815 N 65th St

City Paradise Valley State AZ Zip Code 85253-1867

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 ▼ 1500.00

Date of Receipt 05 / 26 / 2015
Transaction ID : 407FD7E987F38CE54A2

Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 9000.03

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 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Todd Cartee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1093 Derry Woods Dr
 City Hummelstown State PA Zip Code 17036-9777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Milton S. Hershey Medical C 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
 05 / 01 / 2015
Transaction ID : 18C40B3358CA461E8BC4
 Amount of Each Receipt this Period
500.00

B. John A. Carucci
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 E 72nd St Apt 26A
 City New York State NY Zip Code 10021-4639
 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 **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 70EEEDAA72AA49F5BF69
 Amount of Each Receipt this Period
500.00

c. Laura T. Cepeda
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 Rock Creek Pkwy
 City Fairhope State AL Zip Code 36532-3349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Haley Dermatology 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
 05 / 26 / 2015
Transaction ID : F5750078-AC09-478D-
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 96
	<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. Sean Christensen
Full Name (Last, First, Middle Initial)

Mailing Address 57 Redcoat Ln

City Guilford State CT Zip Code 06437-1946

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

Name of Employer Yale University Department of Dermatol Occupation Assistant Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2015
Transaction ID : A6F908B82D8C469481BF

Amount of Each Receipt this Period 250.00

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 ▼ 2083.30

Date of Receipt 05 / 05 / 2015
Transaction ID : 8216F216337EE0E52EF

Amount of Each Receipt this Period 416.66

c. Armand B. Cогnetta Jr.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Dermatology Assoc of Tallahassee Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 8FC6637562A1426DB6FF

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 916.66

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 19 OF 96
<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. Michael B. Colgan
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1510
733 W Clairemont Avenue,
City Eau Claire State WI Zip Code 54702-1510

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

Name of Employer Mayo Clinic Health System-Eau Claire Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 06 / 2015
Transaction ID : **B30C8D39-F6AF-4686-**

Amount of Each Receipt this Period
250.00

B. Stephen L. Comite
Full Name (Last, First, Middle Initial)

Mailing Address 110 E 40th Street
Room 402
City New York State NY Zip Code 10016-1817

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
05 / 27 / 2015
Transaction ID : **D4C39627DC51BDE5B2D**

Amount of Each Receipt this Period
250.00

C. Charles Dobbin Connor
Full Name (Last, First, Middle Initial)

Mailing Address 22 Professional Park Dr
City Maryville State IL Zip Code 62062-5669

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

Name of Employer Dermatology Care Center Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 26 / 2015
Transaction ID : **D1F988F686ED4863B68E**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 20 OF 96
	<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. Richard Charles Connors
Full Name (Last, First, Middle Initial)

Mailing Address 15 Orchard Drive

City Greenwich State CT Zip Code 06830-6711

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
05 / 11 / 2015
Transaction ID : 90FD9010F8F97106E93

Amount of Each Receipt this Period
250.00

B. Katharine Cordova
Full Name (Last, First, Middle Initial)

Mailing Address 29018 N 122nd Dr

City Peoria State AZ Zip Code 85383-2421

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

Name of Employer Beatrice Keller Clinic
Occupation Mohs Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 27 / 2015
Transaction ID : 987BC0A530D3A9CBBE6

Amount of Each Receipt this Period
500.00

C. William F. Cosulich
Full Name (Last, First, Middle Initial)

Mailing Address 19 Heron Dr

City Marlboro State NJ Zip Code 07746-1904

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
05 / 15 / 2015
Transaction ID : 19B4C219C3524EADDF7

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 21 OF 96
	<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. Murray A. Cotter
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer: Dermatology Associates of Northern Mi.
Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 01 / 2015
Transaction ID : 25FC3ED83DF544B58BF7

Amount of Each Receipt this Period
500.00

B. Terrence A. Cronin Sr.
Full Name (Last, First, Middle Initial)

Mailing Address 495 Spoonbill Ln

City State Zip Code
Melbourne Beach FL 32951-3269

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 ▼
5000.00

Date of Receipt
05 / 22 / 2015
Transaction ID : CBF23FB96676C1864DD

Amount of Each Receipt this Period
5000.00

C. Christopher V. Crosby
Full Name (Last, First, Middle Initial)

Mailing Address 14257 Recuerdo Dr

City State Zip Code
Del Mar CA 92014-2955

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

Name of Employer: Grossmont Dermatology
Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 01 / 2015
Transaction ID : 579D112669A244F48FEA

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 22 OF 96
	<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. James Jian Cui
 Full Name (Last, First, Middle Initial)
 Mailing Address 13620 38th Avenue
 Suite H
 City Flushing State NY Zip Code 11354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jian Cui Dermatology P.C. Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 13 / 2015**
Transaction ID : 0E3B6900864AB0AA757
 Amount of Each Receipt this Period **500.00**

B. Dorothy Jean Cunningham
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Beverly Rd
 City Chestnut Hill State MA Zip Code 02467-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Square Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 11 / 2015**
Transaction ID : 086DCB82414DAA28775
 Amount of Each Receipt this Period **250.00**

C. Stephen Robert Damm
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 Mallard Drive
 Suite 220
 City Laurel State MD Zip Code 20708
 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 **05 / 18 / 2015**
Transaction ID : 66BBEEF292C5E9BA5B3
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
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 23 OF 96
	<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. C. Ralph Daniel
Full Name (Last, First, Middle Initial)

Mailing Address 138 Oakhurst Trl

City State Zip Code
Ridgeland MS 39157-8608

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

Name of Employer Occupation
Self Employed Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 15 / 2015
Transaction ID : 78FED0745FF5746D7EC

Amount of Each Receipt this Period
500.00

B. William Patrick Davey
Full Name (Last, First, Middle Initial)

Mailing Address 3204 Winged Foot Cir

City State Zip Code
Lexington KY 40509-8465

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

Name of Employer Occupation
Associates in Dermatology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
05 / 01 / 2015
Transaction ID : 9B88BA1FFC1B425BA0E4

Amount of Each Receipt this Period
750.00

c. Ira C. Davis
Full Name (Last, First, Middle Initial)

Mailing Address 203 E 72nd St
Apt 9B

City State Zip Code
New York NY 10021-4562

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 01 / 2015
Transaction ID : CFDA538A11CE41E392BE

Amount of Each Receipt this Period
500.00

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 24 OF 96
	<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. Adebola Dele-Michael
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 York Ave
 Apt 17F
 City New York State NY Zip Code 10128-6909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiant Skin Dermatology and Laser Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 05 / 13 / 2015
Transaction ID : 4F13D518DD6F527C256
 Amount of Each Receipt this Period
250.00

B. Glenn A. Dobecki
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Bassett Brook Lane
 City Duxbury State MA Zip Code 02332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Shore Skin Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 05 / 13 / 2015
Transaction ID : 5945DC9531A65157BB3
 Amount of Each Receipt this Period
250.00

C. James W. Donnelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 2303 Clifton Forge Dr
 City Saint Louis State MO Zip Code 63131-3120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Associates in Dermatology and Cutaneous Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 05 / 15 / 2015
Transaction ID : C4A2FE44BCABCE61EE8
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
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 25 OF 96
	<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. Jeffrey S. Dover
Full Name (Last, First, Middle Initial)

Mailing Address 169 Franklin St

City State Zip Code
Newton MA 02458-2413

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
05 / 05 / 2015
Transaction ID : 0FD51BBF13D0DBE2DE5

Amount of Each Receipt this Period
500.00

B. Susan E. Dozier
Full Name (Last, First, Middle Initial)

Mailing Address 1311 Elton Ln

City State Zip Code
Austin TX 78703-3215

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

Name of Employer Occupation
Self Employed Dermatological Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 01 / 2015
Transaction ID : 49301A76F6C243BCA285

Amount of Each Receipt this Period
1000.00

C. Andrew Michael DuBois
Full Name (Last, First, Middle Initial)

Mailing Address 22116 Vine St
PO Box 138

City State Zip Code
Oldenburg IN 47036-9749

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

Name of Employer Occupation
Southeastern Indiana Dermatology, LLC Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 22 / 2015
Transaction ID : B658189AF5DA290F515

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 26 OF 96
	<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. Daniel Brian Eisen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3273 McKinley Blvd
 City Sacramento State CA Zip Code 95816-3814
 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 **05 / 01 / 2015**
Transaction ID : 50825F7B7EDE4134BB4E
 Amount of Each Receipt this Period **500.00**

B. James Owen Ertle
 Full Name (Last, First, Middle Initial)
 Mailing Address 511 Burr Oak Pl
 City Hinsdale State IL Zip Code 60521-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Grant Square Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 11 / 2015**
Transaction ID : E171B6AA2E426E1FACC
 Amount of Each Receipt this Period **500.00**

C. Faith D. Esterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1838 Greene Tree Rd Ste 340
 City Baltimore State MD Zip Code 21208-7116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Woodholme Medical Building Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 16 / 2015**
Transaction ID : 4F06CC3B-2AFD-4130-
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
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 27 OF 96
<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 Edward Ethington
Full Name (Last, First, Middle Initial)

Mailing Address 2923 W Layton Avenue

City Greenfield State WI Zip Code 53221-2626

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 05 / 22 / 2015
Transaction ID : 2EF2F6478FC812D225F

Amount of Each Receipt this Period 250.00

B. Rebecca Lee Euwer
Full Name (Last, First, Middle Initial)

Mailing Address 9 Medical Pkwy Suite 105

City Dallas State TX Zip Code 75234-7852

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

Name of Employer Self Employed Occupation Dematologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2015
Transaction ID : 67D1DB0F67B451FADCF

Amount of Each Receipt this Period 500.00

C. Darrell J. Fader
Full Name (Last, First, Middle Initial)

Mailing Address 1801 NW Market St Ste 107

City Seattle State WA Zip Code 98107-3909

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

Name of Employer Skin Cancer Clinic of Seattle Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2015
Transaction ID : 64F54E92-D22A-4234-

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 28 OF 96
	<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. Mary F. Farley
Full Name (Last, First, Middle Initial)

Mailing Address 3436 Hidden River View Rd

City	State	Zip Code
Annapolis	MD	21403-5020

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

Name of Employer	Occupation
Anne Arundel 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
05	/	11	/	2015

Transaction ID : 893824312EA0B34EABF

Amount of Each Receipt this Period
1000.00

B. Kenneth W. Fields
Full Name (Last, First, Middle Initial)

Mailing Address 5100 Tamiami Trl N.

City	State	Zip Code
Naples	FL	34103

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

Name of Employer	Occupation
Self Employed	Dermatologist

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
05	/	21	/	2015

Transaction ID : 1B34570784FECDB9538

Amount of Each Receipt this Period
500.00

C. Heidi E. Fleischmann
Full Name (Last, First, Middle Initial)

Mailing Address 1512 Cornell Dr NE

City	State	Zip Code
Albuquerque	NM	87106-3704

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

Name of Employer	Occupation
New Mexico Dermatology Associates	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
05	/	11	/	2015

Transaction ID : B20874008091C489C2E

Amount of Each Receipt this Period
250.00

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 29 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Timothy C. Flynn

Mailing Address 1621 Canterbury Rd

City Raleigh State NC Zip Code 27608-1107

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

Name of Employer Cary Skin Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : F266A7A2CAF143C7B8E9

Amount of Each Receipt this Period
1500.00

Full Name (Last, First, Middle Initial)
B. Scott W. Fosko

Mailing Address 7370 Westmoreland Dr

City University City State MO Zip Code 63130-4240

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015

Transaction ID : 97A04B645967CDD878A

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. John A. Fountain

Mailing Address 930 Peek St NW

City Conyers State GA Zip Code 30012-4448

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

Name of Employer Georgia Dermatology of Conyers 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
 05 / 22 / 2015

Transaction ID : 2C13A5E3C4E24F3D239

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 30 OF 96
<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. Scott R. Freeman
Full Name (Last, First, Middle Initial)

Mailing Address 2617 Charleston Oaks Dr W

City State Zip Code
Mobile AL 36695-2515

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

Name of Employer Occupation
Surrise Dermatology, LLC 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
05 / 02 / 2015

Transaction ID : D8E89F6B601942AFBD90

Amount of Each Receipt this Period
1000.00

B. John K. Geisse
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
Solano Dermatology Associates Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : 2104E3EBA79D4F25BFF4

Amount of Each Receipt this Period
5000.00

C. Glenn Paul Genest
Full Name (Last, First, Middle Initial)

Mailing Address 25 Wren Holw

City State Zip Code
Glastonbury CT 06033-2735

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

Name of Employer Occupation
New England Dermatology and Laser Cent Dermatologist

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
05 / 11 / 2015

Transaction ID : A51AA8B6BD2379570DC

Amount of Each Receipt this Period
500.00

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 31 OF 96
	<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. Manish J. Gharia
Full Name (Last, First, Middle Initial)

Mailing Address N4W22370 Bluemound Rd
Ste 200

City Waukesha State WI Zip Code 53186-1683

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

Name of Employer Madison Medical Affiliates Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 05 / 2015
Transaction ID : B265C1EA68004A5CBA40

Amount of Each Receipt this Period
250.00

B. Julie Akiko Gladsjo
Full Name (Last, First, Middle Initial)

Mailing Address 760 E Solana Cir

City Solana Beach State CA Zip Code 92075-2356

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

Name of Employer North Coast Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 15 / 2015
Transaction ID : 933931E83B0E85C1FB6

Amount of Each Receipt this Period
1000.00

C. Dorian Lizabeth Gravenese
Full Name (Last, First, Middle Initial)

Mailing Address 11 Walworth Ave

City Scarsdale State NY Zip Code 10583-1417

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

Name of Employer Scarsdale Medical Group LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.50

Date of Receipt
05 / 13 / 2015
Transaction ID : 6B764F5DC30FDA52542

Amount of Each Receipt this Period
250.50

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.50

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 32 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. William H. Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 2015 Sara Lee Ln
 City Tallahassee State FL Zip Code 32312-3545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of Tallahassee Occupation Dermatologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 3580C27136D4468AB72B
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : 22FF68220833B32DD4B
 Amount of Each Receipt this Period
 45.00
 Aggregate Year-to-Date ▼
 415.00

C. Hubert T. Greenway Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 946
 City Rancho Santa Fe State CA Zip Code 92067-0946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Clinic Occupation Dermatologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 80BCE120A1D84385A274
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional).....	1295.00
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 33 OF 96
	<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. Scott C. Grevey
Full Name (Last, First, Middle Initial)

Mailing Address 5173 Millikin Rd

City Liberty Twp State OH Zip Code 45011-9748

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

Name of Employer Derm and Surgery of South Ohio Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2015
Transaction ID : 8DFC2D7B31B54B41A4F0

Amount of Each Receipt this Period 1000.00

B. Robert D. Griego
Full Name (Last, First, Middle Initial)

Mailing Address 6134 E Indian Bend Rd

City Paradise Valley State AZ Zip Code 85253-3440

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

Name of Employer Skin Cancer Specialists Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 46F053F5145443A0B58E

Amount of Each Receipt this Period 5000.00

C. Anna Demirdjian Guanche
Full Name (Last, First, Middle Initial)

Mailing Address 24959 John Fremont Rd

City Hidden Hills State CA Zip Code 91302-1134

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

Name of Employer Bella Skin Institute Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 05 / 2015
Transaction ID : CCBD863DC941CDE4A07

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6400.00

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 34 OF 96
	<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)

Full Name (Last, First, Middle Initial)
A. Adrian M. Guevara

Mailing Address 6221 Calle Lisa Way

City El Paso State TX Zip Code 79912-7542

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

Name of Employer Sun City Dermatology PA Occupation 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
 05 / 22 / 2015
Transaction ID : 017F93B46DA4F035256

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Ann F. Haas

Mailing Address 1819 Vela Pl

City Davis State CA Zip Code 95618-6760

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

Name of Employer Ft Sutter Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 8BD0ED76471145F9B140

Amount of Each Receipt this Period
 150.00

Full Name (Last, First, Middle Initial)
C. Sandra Y. Han

Mailing Address 992 Alpine Ter Unit 1

City Sunnyvale State CA Zip Code 94086-2466

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

Name of Employer Kaiser Permanente Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015
Transaction ID : B88B16B5-78FD-43BB-

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 35 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Christopher B. Harmon
 Full Name (Last, First, Middle Initial)
 Mailing Address 7426 Ridgcrest Court Rd
 City Vestavia State AL Zip Code 35242-0525
 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 ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : C65D3ECA7DBF4E9584FD
 Amount of Each Receipt this Period
 5000.00

B. Amanda Coker Harper
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Columbia Dr NE
 City Albuquerque State NM Zip Code 87106-2634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New Mexico Dermatology Associates
 Occupation Physician
 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
 05 / 11 / 2015
Transaction ID : 1E39DD5D7922FD3A659
 Amount of Each Receipt this Period
 250.00

C. Aubrey Chad Hartmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 2017 Spyglass HI
 City Leander State TX Zip Code 78641-8850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lone Star Dermatology
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 548.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2015
Transaction ID : C9588CD76F29F663163
 Amount of Each Receipt this Period
 548.00

SUBTOTAL of Receipts This Page (optional).....▶	5798.00
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 36 OF 96
	<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. 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 ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 4BE19752ADFCDB2EF344
 Amount of Each Receipt this Period
 41.67

B. Christine M. Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address 237 Upland Ave
 City Newton State MA Zip Code 02461-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Skin Surgery Center 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
 05 / 01 / 2015
Transaction ID : D6B73A69706F438B8230
 Amount of Each Receipt this Period
 1000.00

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 ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2015
Transaction ID : 4FE18B5993C2EC5F761F
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	1091.67
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 37 OF 96
	<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. Eric W. Herman
Full Name (Last, First, Middle Initial)

Mailing Address 411 60th Street

City West New York State NJ Zip Code 07093

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 05 / 04 / 2015
Transaction ID : 872AF4B38B243EADE14

Amount of Each Receipt this Period 250.00

B. Stephen David Hess
Full Name (Last, First, Middle Initial)

Mailing Address 4 Hadley Ln

City Glen Mills State PA Zip Code 19342-1676

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

Name of Employer Center City Dermatology Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2015
Transaction ID : 26F4219B7CDFD2CA76D

Amount of Each Receipt this Period 250.00

C. Harold William Higgins II
Full Name (Last, First, Middle Initial)

Mailing Address 593 Eddy St # 10

City Providence State RI Zip Code 02903-4923

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

Name of Employer Brown University Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 31B439833FE44D5CA9E2

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 38 OF 96
	<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. Michael Hinckley
 Full Name (Last, First, Middle Initial)
 Mailing Address 3070 E Waymark Cir
 City Salt Lake Cty State UT Zip Code 84109-3115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Granger Medical Center Occupation Dermatologist
 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
 05 / 01 / 2015
Transaction ID : BD00AB543BB94019AE44
 Amount of Each Receipt this Period
 500.00

B. Herbert Allen Hochman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 Park Avenue
 City New York State NY Zip Code 10028
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 20BD7C4DCD1ADDA61A8
 Amount of Each Receipt this Period
 250.00

C. Sharon L. Horton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1049 E Wilson St Ste 190
 City Batavia State IL Zip Code 60510-2478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Dermatology Occupation Physician
 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
 05 / 23 / 2015
Transaction ID : 868D353932B421EBE1F
 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: PAGE 39 OF 96
(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. Tamara S. Housman

Mailing Address 8108 Ortin Ln

City Raleigh State NC Zip Code 27612-7249

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

Name of Employer Raleigh Skin Surgery Center, PLLC Occupation 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
 05 / 01 / 2015
Transaction ID : A9A24D00436E48CE8407

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. William R. Howard Jr.

Mailing Address 1306 Cold Springs Lane

City Valdosta State GA Zip Code 31602

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 471554CA4FE998C3080

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Francis Chu-Wei Hsiao

Mailing Address 3145 Geary Blvd # 318

City San Francisco State CA Zip Code 94118-3316

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

Name of Employer California Skin Institute 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
 05 / 01 / 2015
Transaction ID : 49F4C5AF76A6470B97B3

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 40 OF 96
<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. Francis W. Iacobellis
Full Name (Last, First, Middle Initial)

Mailing Address 153 E. 88th Street

City New York State NY Zip Code 10128

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 05 / 19 / 2015
Transaction ID : BD1B5858B4D79EF41AC

Amount of Each Receipt this Period 250.00

B. Andrew Todd Jaffe
Full Name (Last, First, Middle Initial)

Mailing Address 15051 S Tamiami Trl Ste 203

City Fort Myers State FL Zip Code 33908-5182

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

Name of Employer Riverchase Dermatology Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2015
Transaction ID : 50C39140-7A37-4F97-

Amount of Each Receipt this Period 250.00

C. Aaron K. Joseph
Full Name (Last, First, Middle Initial)

Mailing Address 3210 Aspen Lake Dr

City Manvel State TX Zip Code 77578-7817

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 05 / 01 / 2015
Transaction ID : 92E5FE8E547A42C796E3

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 41 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jonathan Kantor		Date of Receipt MM / DD / YYYY 05 / 24 / 2015 Transaction ID : CB223ABFC1E4526A938
Mailing Address 1135 Ponte Vedra Blvd		Amount of Each Receipt this Period 2500.00
City Ponte Vedra Beach	State FL	Zip Code 32082-4203
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Center for Dermatology, PA	Occupation Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Ross S. Kaplan		Date of Receipt MM / DD / YYYY 05 / 13 / 2015 Transaction ID : FFB6092D164BC420F7E
Mailing Address 196 Lake Sherwood Dr		Amount of Each Receipt this Period 300.00
City Lake Sherwood	State CA	Zip Code 91361-5193
FEC ID number of contributing federal political committee. C		
Name of Employer Coastal Dermatology	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Andrew J. Kaufman		Date of Receipt MM / DD / YYYY 05 / 02 / 2015 Transaction ID : 317758F6AF504BA19882
Mailing Address 267 W Hillcrest Dr		Amount of Each Receipt this Period 1000.00
City Thousand Oaks	State CA	Zip Code 91360-4211
FEC ID number of contributing federal political committee. C		
Name of Employer The Center for Dermatology Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3800.00
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 42 OF 96
	<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. Sharon B. Kelly
Full Name (Last, First, Middle Initial)

Mailing Address 14030 NE 24th Street
Suite 202

City Bellevue State WA Zip Code 98007-3724

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

Name of Employer Eastside Dermatology inc. PS Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2015
Transaction ID : EDBB62F8890FAC4B7A0

Amount of Each Receipt this Period 250.00

B. Charles D. Kennard
Full Name (Last, First, Middle Initial)

Mailing Address 602 Goldeneye Dr

City Granbury State TX Zip Code 76049-5557

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 05 / 01 / 2015
Transaction ID : E6C9D5D9EF8140D6898E

Amount of Each Receipt this Period 500.00

C. Daniel King
Full Name (Last, First, Middle Initial)

Mailing Address 35 W High Point Rd

City Stuart State FL Zip Code 34996-7021

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 05 / 18 / 2015
Transaction ID : 5A2FF6E2BD57EB449C9

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 43 OF 96
	<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 PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : 38DA77EDEC1CCE78E8C

Amount of Each Receipt this Period
 416.67

B. 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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2015
Transaction ID : 4A15AF26ABEB58DAC55B

Amount of Each Receipt this Period
 50.00

c. Christopher Bryant Kruse
Full Name (Last, First, Middle Initial)

Mailing Address 2 Princess Ct

City Holmdel State NJ Zip Code 07733-2043

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

Name of Employer Dermatology And Skin Cancer Center Occupation Physician

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
 05 / 11 / 2015
Transaction ID : 3445C9FF89FBD8A8F6E

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1466.67
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 44 OF 96
	<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. Mark A. Kuriata
Full Name (Last, First, Middle Initial)

Mailing Address 1355 Vineland Path

City Saint Joseph	State MI	Zip Code 49085-3443
----------------------	-------------	------------------------

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

Name of Employer Advanced Dermatology PLLC	Occupation Self Employed
---	-----------------------------

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
05	/	23	/	2015

Transaction ID : E5184B094272FEF4163

Amount of Each Receipt this Period
500.00

B. Philip E. Leboit
Full Name (Last, First, Middle Initial)

Mailing Address 90 Overhill Rd

City Orinda	State CA	Zip Code 94563-3131
----------------	-------------	------------------------

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

Name of Employer UCSF Dermatopathology	Occupation Dermatologist
---	-----------------------------

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
05	/	21	/	2015

Transaction ID : 2E6EADAFDD8004E72BD

Amount of Each Receipt this Period
500.00

C. Francis C. Lee
Full Name (Last, First, Middle Initial)

Mailing Address 485 Timber Dr

City Decatur	State IL	Zip Code 62521-5516
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2015

Transaction ID : 6A5BD085876969BD4B7

Amount of Each Receipt this Period
1000.00

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 45 OF 96
	<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. Michael S. Lehrer

Mailing Address 546 Putnam Rd

City Merion Station State PA Zip Code 19066-1021

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
05 / 05 / 2015
Transaction ID : 6797C0A8-0178-4E78-

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Stuart R. Lessin

Mailing Address 191 Cardiff Ln

City Haverford State PA Zip Code 19041-1052

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

Name of Employer Occupation
KGL Skin Study Center Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
05 / 05 / 2015
Transaction ID : B852DAD01CEBD3A2190

Amount of Each Receipt this Period
560.00

Full Name (Last, First, Middle Initial)
C. Alan Louis Levy

Mailing Address 6254 Poplar Ave

City Memphis State TN Zip Code 38119-4713

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

Name of Employer Occupation
Levy Dermatology, P.C. Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 08 / 2015
Transaction ID : B5D6DFC1-34CB-45ED-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2060.00

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 46 OF 96
	<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. Richard S. Lewis
Full Name (Last, First, Middle Initial)

Mailing Address 600 Chesapeake Pl

City Greenville State NC Zip Code 27858-6233

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

Name of Employer Eastern Dermatology & Pathology Occupation 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
 05 / 01 / 2015
Transaction ID : 8BCE67F91CA24205A5B0

Amount of Each Receipt this Period
 500.00

B. Wendy E. Livingston
Full Name (Last, First, Middle Initial)

Mailing Address 170 Laurel Hill Rd

City Mountain Lakes State NJ Zip Code 07046-1217

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

Name of Employer Dermatology Assaoation of Morris Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 95F6B143A7901C34986

Amount of Each Receipt this Period
 300.00

C. Philip James Lobuono
Full Name (Last, First, Middle Initial)

Mailing Address 209 - 211 Hwy 71

City Spring Lake State NJ Zip Code 07762

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : B9456CB615997C7CDD7

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 47 OF 96
	<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. 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 **501.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2015
Transaction ID : 0847CBD0FB5B59C33
 Amount of Each Receipt this Period
501.00

B. 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 24 / 2015
Transaction ID : EB31892AA77F9EA31EE
 Amount of Each Receipt this Period
500.00

C. Ralph E. Massullo Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3244 W Castle Pines Loop
 City Lecanto State FL Zip Code 34461-7500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suncoast Derm/Skin Surgery Ctr
 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
05 / 22 / 2015
Transaction ID : 577183E6AD3CCF3A3B0
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2001.00
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 48 OF 96
	<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. 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : 40E1A5F8654AAF757E35
 Amount of Each Receipt this Period
100.00

B. Susan Teri McGillis
 Full Name (Last, First, Middle Initial)
 Mailing Address 19800 Shelburne Rd
 City Shaker Heights State OH Zip Code 44118-4962
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DermaSurgery Center Occupation Physician/President
 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
 05 / 01 / 2015
Transaction ID : 3935EEED44714C2EBB8D
 Amount of Each Receipt this Period
1000.00

C. Alexandria Meccia
 Full Name (Last, First, Middle Initial)
 Mailing Address 7520 Ridgewood Ln
 City Burr Ridge State IL Zip Code 60527-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of La Grange Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 69BBC9B7F604360A11D
 Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....	2600.00
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 49 OF 96
	<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. Matthew John Meier
Full Name (Last, First, Middle Initial)

Mailing Address 8615 Wellsley Ct

City Montgomery State OH Zip Code 45249-3406

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

Name of Employer Mercy Health Dermatology Occupation Dermatologist

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
 05 / 15 / 2015

Transaction ID : 5A62E3FB5449671C3F2

Amount of Each Receipt this Period
 500.00

B. Dan H. Meirson
Full Name (Last, First, Middle Initial)

Mailing Address 777 Oleander St

City Boca Raton State FL Zip Code 33486-3541

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2015

Transaction ID : 088F3863A1384B0AA8D0

Amount of Each Receipt this Period
 500.00

C. John L. Meisenheimer Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 7300 Sandlake Commons Blvd Suite 105

City Orlando State FL Zip Code 32819-8011

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : 5FC50DF5F3FEC081090

Amount of Each Receipt this Period
 1000.00

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 50 OF 96
	<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. Jeffrey L. Messenger
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 456
 City Owosso State MI Zip Code 48867-0456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Owosso Michigan Occupation Physician
 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
 05 / 11 / 2015
Transaction ID : C9E28E72DD3AFD2FFE1
 Amount of Each Receipt this Period
 250.00

B. Elaine Kay Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5310 Temple Hall Hwy
 City Granbury State TX Zip Code 76049-2640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of Parker Count Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : F8C3D2156296B74FB55
 Amount of Each Receipt this Period
 525.00

C. Lee M. Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 3807 Burgoyne Dr
 City Lake Charles State LA Zip Code 70605-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of SWLA 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
 05 / 02 / 2015
Transaction ID : 24BFF02758554EAB995E
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1775.00
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 51 OF 96
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

A. Mary Alice Mina
 Full Name (Last, First, Middle Initial)
 Mailing Address 5555 Peachtree Dunwoody Rd
 Ste 206
 City Atlanta State GA Zip Code 30342-1711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Dermatologic Surgery Centers P Occupation Mohs Surgeons
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : CBFDEC49-6A5B-4CA8-
 Amount of Each Receipt this Period
300.00

B. Vineet Mishra
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 E Basse Rd
 Apt 1535
 City San Antonio State TX Zip Code 78209-8392
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Texas Health Science Cen 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
 05 / 02 / 2015
Transaction ID : 013960F48CDF49E7B688
 Amount of Each Receipt this Period
250.00

C. Christopher A. Moeller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1911 N Webb Road
 City Wichita State KS Zip Code 67206-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moeller Dermatology Occupation Physician
 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
 05 / 22 / 2015
Transaction ID : 9FF52B2F6BE6B92F3AB
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **1550.00**
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 52 OF 96
	<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. Rachael Lynne Moore
Full Name (Last, First, Middle Initial)

Mailing Address 840 20th St

City Hermosa Beach State CA Zip Code 90254-3116

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

Name of Employer Bright Health Physicians Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 20 / 2015
Transaction ID : **0EF1DBA8-7244-475D-**

Amount of Each Receipt this Period
250.00

B. Christine Moorhead
Full Name (Last, First, Middle Initial)

Mailing Address 40 Cypress Ln

City Winter Park State FL Zip Code 32789-1203

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

Name of Employer Advanced Dermatology and Cosmetic Surg Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 01 / 2015
Transaction ID : **434CE51616CA4859AB3F**

Amount of Each Receipt this Period
1000.00

C. Richard James Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 2115 Royal Dr

City Winterville State NC Zip Code 28590-9149

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

Name of Employer Eastern Dermatology & Pathology PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 05 / 2015
Transaction ID : **45006E9B509F8898741**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 53 OF 96
	<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. Kishwer S. Nehal
Full Name (Last, First, Middle Initial)

Mailing Address 16 Kingswood Rd

City Weehawken State NJ Zip Code 07086-6930

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

Name of Employer Memorial Sloan-Kettering Cancer Ctr Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 01 / 2015
Transaction ID : 8C35362750984157A3A8

Amount of Each Receipt this Period
1000.00

B. Paula Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 4499 Garmon Rd NW

City Atlanta State GA Zip Code 30327-3829

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
05 / 24 / 2015
Transaction ID : 1BCE0488C31EF9D75C0

Amount of Each Receipt this Period
600.00

C. Scott A. Neltner
Full Name (Last, First, Middle Initial)

Mailing Address 3319 Kruer Ct

City Edgewood State KY Zip Code 41017-4900

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

Name of Employer Northern Kentucky Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 01 / 2015
Transaction ID : 025E2F0C4CE6490BBE9C

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2600.00

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 54 OF 96
	<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. George Richard Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Lindell Dr
 City Columbia State MO Zip Code 65203-2731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nichols Mohs and Skin Surgery PC Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 9BA55E9CC181404D8D20
 Amount of Each Receipt this Period
 2000.00

B. Neil M. Niren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 Lenox Oval
 City Pittsburgh State PA Zip Code 15237-1677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Passavant Professional Building Occupation Dermatologist
 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
 05 / 23 / 2015
Transaction ID : DFF71DB8F5907A11C8B
 Amount of Each Receipt this Period
 500.00

C. Renata Oliveira
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Greystone Dr
 City Middleton State MA Zip Code 01949-2371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Dermatology Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2015
Transaction ID : 31196F10-4054-4D4E-
 Amount of Each Receipt this Period
 260.00

SUBTOTAL of Receipts This Page (optional).....▶	2760.00
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 55 OF 96
<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. Kapila Paghdal
Full Name (Last, First, Middle Initial)
Mailing Address 13 Hudson Pl
City Bloomfield State NJ Zip Code 07003-4010
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwestern University Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 01 / 2015**
Transaction ID : D4152561B29243E78F66
Amount of Each Receipt this Period **250.00**

B. Timothy L. Parker
Full Name (Last, First, Middle Initial)
Mailing Address 6901 W 121st St
City Overland Park State KS Zip Code 66209-2007
FEC ID number of contributing federal political committee. **C**
Name of Employer Advanced Dermatologic Surgery Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : A936A1C2-271F-420C-
Amount of Each Receipt this Period **1000.00**

C. Payal V. Patel
Full Name (Last, First, Middle Initial)
Mailing Address 3522 Aberdeen Way
City Houston State TX Zip Code 77025-1951
FEC ID number of contributing federal political committee. **C**
Name of Employer Dermatology Association of Texas Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 05 / 2015**
Transaction ID : 2F39414CF043848F308
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
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 56 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sean F. Pattee		Date of Receipt
Mailing Address 1348 N Union Rd		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Manitowoc	State WI	Zip Code 54220-9451
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 5511411DA4DB4281A740
Name of Employer Dermatology Associates of Wisconsin, S		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="5000.00"/>		

Full Name (Last, First, Middle Initial) B. Daniel J. Pearce		Date of Receipt
Mailing Address 190 Valencia Ln		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Winston Salem	State NC	Zip Code 27106-6367
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AB41907268004393B1AE
Name of Employer The Skin Surgery Center		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="400.00"/>		

Full Name (Last, First, Middle Initial) c. Albert Peng		Date of Receipt
Mailing Address 840 C St Apt 116		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City San Rafael	State CA	Zip Code 94901-2869
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AD6A7C110BD24506970C
Name of Employer Redwood Family Dermatology		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"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 57 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Michelle Pennie
 Full Name (Last, First, Middle Initial)
 Mailing Address 4860 Peregrine Point Cir N
 City Sarasota State FL Zip Code 34231-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pennie Dermatology & Skin Surgery Cent Occupation Dermatologist
 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
 05 / 01 / 2015
Transaction ID : 103E4399540F4F339AB6
 Amount of Each Receipt this Period
 500.00

B. Jennifer B. Perone
 Full Name (Last, First, Middle Initial)
 Mailing Address 2817 S Mayhill Rd Ste 115
 City Denton State TX Zip Code 76208-5967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Dermatology Associates Denton Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : CC95062D-DA5C-4E2B-
 Amount of Each Receipt this Period
 1500.00

C. Susan B. Perry
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Fernwood Ave
 City Davenport State IA Zip Code 52803-3605
 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 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : 4858293A007C012C72B
 Amount of Each Receipt this Period
 260.00

SUBTOTAL of Receipts This Page (optional).....	2260.00
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 58 OF 96
	<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. Matthew S. Petrie

Mailing Address 5719 Walnut St

City Pittsburgh State PA Zip Code 15232-2523

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

Name of Employer Pittsburgh Dermatology & Skin Cancer C Occupation Mohs Surgeon

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
 05 / 01 / 2015

Transaction ID : 27E7B52E558D42B791F3

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Christine Poblete-Lopez

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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : 7BB25D17170B3B9F33B

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Scott Mark Podnos

Mailing Address 3423 Oleander Way

City Gulf Stream State FL Zip Code 33483-7328

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

Name of Employer Advanced Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2015

Transaction ID : 1AFF1CE69CBF039C443

Amount of Each Receipt this Period
 300.00

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 59 OF 96
	<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. Donald I. Posner
Full Name (Last, First, Middle Initial)

Mailing Address 1059 N Pointe Cir

City Shreveport State LA Zip Code 71106-8421

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

Name of Employer Dermatology and Skin Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 11 / 2015
Transaction ID : **EEA593E0F16EC10667B**

Amount of Each Receipt this Period
250.00

B. Mark A. Price
Full Name (Last, First, Middle Initial)

Mailing Address 1213 Hermann Dr Ste 650

City Houston State TX Zip Code 77004-7012

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
05 / 05 / 2015
Transaction ID : **8F818D8E-59AE-4A9E-**

Amount of Each Receipt this Period
500.00

C. Emily Liga Prosis
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Patterson Rd

City Austin State TX Zip Code 78733-6508

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

Name of Employer Austin Dermcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 11 / 2015
Transaction ID : **7B9805A4EF38E7AA581**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 60 OF 96
	<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. Darel D. Pruet
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 763

City Islamorada State FL Zip Code 33036-0763

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

Name of Employer Pruet Dermatology 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
 05 / 24 / 2015
Transaction ID : 15936F7892F33BA60FC

Amount of Each Receipt this Period
 500.00

B. Daniel C. Rabb
Full Name (Last, First, Middle Initial)

Mailing Address 4337 Marble Arch Way

City Flowery Branch State GA Zip Code 30542-4646

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

Name of Employer Dermatology Associates of NE Georgia Occupation Physician

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
 05 / 11 / 2015
Transaction ID : 3140D7CDE7928DC14BE

Amount of Each Receipt this Period
 500.00

C. Richard E. Ranchoff
Full Name (Last, First, Middle Initial)

Mailing Address 23777 W Rim Dr

City Columbia Station State OH Zip Code 44028-8918

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

Name of Employer West Valley Medical Building Occupation Physician

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
 05 / 19 / 2015
Transaction ID : 156AD213070CD44BF5F

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 61 OF 96
	<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. Matthew C. Reeck
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 5510

City Ketchum State ID Zip Code 83340-5510

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 ▼
888.00

Date of Receipt
05 / 24 / 2015
Transaction ID : 2B0DACE3D445FA1B546

Amount of Each Receipt this Period
888.00

B. Heather Joy Roberts
Full Name (Last, First, Middle Initial)

Mailing Address 11600 Wilshire Blvd. Suite 408

City Los Angeles State CA Zip Code 90025-1785

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

Name of Employer Heather J Roberts, MD, A Medical Corpo
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 26 / 2015
Transaction ID : 1AD9EEBBE698E1F78AC

Amount of Each Receipt this Period
500.00

C. Rana Rofagha Sajjadian
Full Name (Last, First, Middle Initial)

Mailing Address 65 Summer House

City Irvine State CA Zip Code 92603-0211

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

Name of Employer Southern California Permanente Medical
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 02 / 2015
Transaction ID : 468555BB15904AEAB6FC

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1638.00

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 62 OF 96
	<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. Howard Wooding Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Osprey Ln
 City Mystic State CT Zip Code 06355-3239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Dermatology LLC 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
05 / 01 / 2015
Transaction ID : 28E4A82788664EDB9D81
 Amount of Each Receipt this Period
1000.00

B. Janelle M. Rohrbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 3509 NW Chapin Dr
 City Portland State OR Zip Code 97229-8032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Portland Clinic Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2015
Transaction ID : 734FB426BAAD1A002BF
 Amount of Each Receipt this Period
375.00

C. Ricardo A. Romagosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 S Shore Rd
 City Stuart State FL Zip Code 34994-9134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Romagosa Dermatology Group, LLC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2015
Transaction ID : 7353A6F179811F57D63
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1675.00
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 63 OF 96
<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. Kathleen M. Rossy
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Southern Hills Dr
 City Skillman State NJ Zip Code 08558-2355
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Princeton Center for Dermatology Occupation Dermatologist
 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
 05 / 01 / 2015
Transaction ID : A6F71E2FEEA8425F877C
 Amount of Each Receipt this Period
 500.00

B. Darrin A. Rotman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3109 Medical Way
 City Sebring State FL Zip Code 33870-5548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Institute of Dermatology, P.A. Occupation Physician
 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
 05 / 24 / 2015
Transaction ID : 421C8B7CD4A0F8596D3
 Amount of Each Receipt this Period
 500.00

C. Steven M. Rotter
 Full Name (Last, First, Middle Initial)
 Mailing Address 8301 Old Courthouse Road
 City Vienna State VA Zip Code 22182-3804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Skin Surgery 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
 05 / 11 / 2015
Transaction ID : 503F062D516C749502D
 Amount of Each Receipt this Period
 1000.00

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 64 OF 96
	<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. Beata L. Rydzik
Full Name (Last, First, Middle Initial)

Mailing Address 2812 NW Imperial Ter

City Portland State OR Zip Code 97210-3317

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

Name of Employer Center for Dermatology and Laser Surge Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2015
Transaction ID : **0B47C83996916E86D9E**

Amount of Each Receipt this Period 1000.00

B. Jonathan Scott Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 2839 Saint Barts Sq

City Vero Beach State FL Zip Code 32967-7583

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

Name of Employer Sanders Dermatology & Skin Cancer Cent Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 23 / 2015
Transaction ID : **86395D9214584043B73**

Amount of Each Receipt this Period 2000.00

C. David Samuel Sax
Full Name (Last, First, Middle Initial)

Mailing Address 7219 Teal Creek Gln

City Lakewood Ranch State FL Zip Code 34202-5037

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

Name of Employer Univ Health Park Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2015
Transaction ID : **0CD310FB9979EE84B31**

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 65 OF 96
	<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. Carl F. Schanbacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Columbus Ave
 Unit 207
 City Boston State MA Zip Code 02116-5293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South End Dermatology & Skin Care 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
 05 / 18 / 2015
Transaction ID : BA219036F89769BE4A4
 Amount of Each Receipt this Period
2500.00

B. James Anthony Schiro
 Full Name (Last, First, Middle Initial)
 Mailing Address 19826 Cool Hollow Rd
 City Hagerstown State MD Zip Code 21740-1532
 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 M / D D D / Y Y Y Y Y Y
 05 / 22 / 2015
Transaction ID : AD7EA37444EA9881822
 Amount of Each Receipt this Period
1000.00

C. Chrysalynne Delling Schmulds
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 Walnut Hill Rd
 City Chestnut Hill State MA Zip Code 02467-3157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Woman's Hospital Dept of D Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 2D4AB028A5F44D389A43
 Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional).....	4200.00
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 66 OF 96
	<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. Rafael A. Schulze
Full Name (Last, First, Middle Initial)

Mailing Address 821 Herndon Ave
Unit 140452

City Orlando State FL Zip Code 32814-7569

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 05 / 01 / 2015
Transaction ID : 2A2F082DFC35489AA443

Amount of Each Receipt this Period 500.00

B. Joel K. Sears
Full Name (Last, First, Middle Initial)

Mailing Address 1807 N Hutchinson Rd

City Spokane Valley State WA Zip Code 99212-2444

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

Name of Employer Advanced Derm and Skin Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2015
Transaction ID : B9CD2B48-3C51-4E51-

Amount of Each Receipt this Period 1000.00

C. Steven Kenneth Shama
Full Name (Last, First, Middle Initial)

Mailing Address 113 Asa Grout Ln

City Perkinsville State VT Zip Code 05151-9533

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

Name of Employer Brookline Village Dermatology, PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2015
Transaction ID : DC02E798-8320-49D4-

Amount of Each Receipt this Period 250.00

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 67 OF 96
<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. E. Dorinda Shelley
Full Name (Last, First, Middle Initial)

Mailing Address 21171 W State Route 65

City Grand Rapids State OH Zip Code 43522-9817

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

Name of Employer Univ of Toledo Col of Medicine Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 04 / 2015
Transaction ID : 8BE2186F0BFD18BE1C7

Amount of Each Receipt this Period 350.00

B. Brent A. Shook
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer The Woodlands Skin Surgery Center, P.A. Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2015
Transaction ID : 71CEA12EE365446BA7FA

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 ▼ 2083.30

Date of Receipt 05 / 05 / 2015
Transaction ID : 3CC29C486EE50DFD50F

Amount of Each Receipt this Period 416.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 1766.66

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 68 OF 96
	<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. Maral Kibarian Skelsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1513 35th St NW
 City Washington State DC Zip Code 20007-2729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatological Surgical Center 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
 05 / 01 / 2015
Transaction ID : 1910920AE10F49E2A416
 Amount of Each Receipt this Period
 1000.00

B. Daniel Peterson Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2137 N Kachina
 City Mesa State AZ Zip Code 85203-2156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skin Cancer Specialists 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
 05 / 01 / 2015
Transaction ID : 530482530C124E38A5C4
 Amount of Each Receipt this Period
 250.00

C. Elizabeth Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Hillspoint Rd
 City Westport State CT Zip Code 06880-6617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cohen Dermatology Associates 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
 05 / 11 / 2015
Transaction ID : F5FC3748F8B5274C8C8
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 69 OF 96
(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)

A. Bradley S. Soder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1115 Neil Ave
 City Columbus State OH Zip Code 43201-3117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Surgical Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2015
Transaction ID : 8E1930F272BB1643319
 Amount of Each Receipt this Period
 365.00

B. Ally-Khan Somani
 Full Name (Last, First, Middle Initial)
 Mailing Address 9889 Summerlakes Dr
 City Carmel State IN Zip Code 46032-9306
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 4A73A061B8DC42D7A249
 Amount of Each Receipt this Period
 500.00

C. Joshua P. Spanogle
 Full Name (Last, First, Middle Initial)
 Mailing Address 7432 Palo Verde Rd
 City Irvine State CA Zip Code 92617-4358
 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : D7BE60FC063A4689AD77
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00
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 70 OF 96
	<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. Stephen A. Spencer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4791 Harbor Point Ct
 City Port Charlotte State FL Zip Code 33952-9183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coastal Dermatology and Skin Cancer Ct Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 22 / 2015**
Transaction ID : FAF15189C63FA245023
 Amount of Each Receipt this Period **1000.00**

B. Elizabeth Arnold Spencer
 Full Name (Last, First, Middle Initial)
 Mailing Address 14404 Outlook St
 City Overland Park State KS Zip Code 66223-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Premier Dermatologic Surgery, PA Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 01 / 2015**
Transaction ID : C7162A42E3BB45379EE4
 Amount of Each Receipt this Period **750.00**

c. John Starling III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 State Road 44
 City Oshkosh State WI Zip Code 54904-6333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of Wisconsin, S Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 08 / 2015**
Transaction ID : BEB57436-1995-4C5B-
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **4250.00**
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 71 OF 96
	<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. Thomas Stasko
Full Name (Last, First, Middle Initial)

Mailing Address 12824 Sutton Hill Rd

City Oklahoma City State OK Zip Code 73142-6063

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

Name of Employer OU Physicians Dermatology Occupation Dermatologist

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
 05 / 02 / 2015

Transaction ID : 130D085B1A2C4B3C85BD

Amount of Each Receipt this Period
 750.00

B. Allison Jones Stocker
Full Name (Last, First, Middle Initial)

Mailing Address 136 W Gramercy Pl

City San Antonio State TX Zip Code 78212-2353

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : A03D14C296DC56C35B5

Amount of Each Receipt this Period
 250.00

C. Earl R. Stoddard
Full Name (Last, First, Middle Initial)

Mailing Address 147 W Chubbuck Rd Ste A

City Chubbuck State ID Zip Code 83202-2314

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

Name of Employer Idaho Skin Institute Occupation Dermatologist

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
 05 / 05 / 2015

Transaction ID : 7F6A61F0-508F-46D7-

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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 72 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Jenny L. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 9903 Strike the Gold Ln
 City Waxhaw State NC Zip Code 28173-8083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westgate Dermatology & Laser Center 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
 05 / 01 / 2015
Transaction ID : 3B960F42487C484998EB
 Amount of Each Receipt this Period
 250.00

B. Barbara R. Sturm
 Full Name (Last, First, Middle Initial)
 Mailing Address 5255 E Stop 11 Road Suite 310
 City Indianapolis State IN Zip Code 46237
 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
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015
Transaction ID : FF6544923BA099E64B1
 Amount of Each Receipt this Period
 250.00

C. Chadd Sukut
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Dermatology and Skin Surgery 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
 05 / 01 / 2015
Transaction ID : 4057E43175F64E5CA7F5
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 73 OF 96
	<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. Sabra Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 242 Hidden Oaks Dr

City State Zip Code
Ridgeland MS 39157-7000

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

Name of Employer Occupation
Dermatology Associates, LLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 05 / 2015
Transaction ID : 605A7E960B1AB9AE4A8

Amount of Each Receipt this Period
100.00

B. Maxine C. Tabas
Full Name (Last, First, Middle Initial)

Mailing Address 741 Virginia Dr

City State Zip Code
Winter Park FL 32789-5854

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

Name of Employer Occupation
Self-Employed Dermatologist

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
05 / 01 / 2015
Transaction ID : 93337A0EFA204EBFB43E

Amount of Each Receipt this Period
500.00

C. Chadwick J. Thomas
Full Name (Last, First, Middle Initial)

Mailing Address 504 Magnolia Ridge Dr

City State Zip Code
Jonesborough TN 37659-7441

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

Name of Employer Occupation
Dermatology Associates of Kingsport Physician

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
05 / 01 / 2015
Transaction ID : BC30C3D9AF55446FA9AA

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 74 OF 96
	<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. Maya K. Thosani
Full Name (Last, First, Middle Initial)

Mailing Address 9529 N 53rd Pl

City Paradise Valley State AZ Zip Code 85253-1649

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

Name of Employer Spectrum Dermatology Occupation Dermatologist

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
 05 / 01 / 2015

Transaction ID : 70CD55EFC9FF4C7D9C21

Amount of Each Receipt this Period
 500.00

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

Mailing Address 18946 Canoe Landing Ct

City Leesburg State VA Zip Code 20176-8218

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

Name of Employer Skin Cancer Center of Northern Virgini Occupation Physician

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
 05 / 01 / 2015

Transaction ID : 3C13934AC23E4DB4B759

Amount of Each Receipt this Period
 1000.00

c. Mary B. Toporcer
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Ashton Ct

City Doylestown State PA Zip Code 18902-1945

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : 8F8A6A807BB30BD524F

Amount of Each Receipt this Period
 250.00

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 75 OF 96
	<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. Rebecca Clare Tung
 Full Name (Last, First, Middle Initial)
 Mailing Address 2160 S 1st Ave
 Divide of Dermatology, Room 101, B
 City Maywood State IL Zip Code 60153-3328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Loyola Univ Medical Center Occupation Dermatologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : B79A08C8-3965-4E64-
 Amount of Each Receipt this Period
 1500.00
 Aggregate Year-to-Date ▼
 1500.00

B. Marta Jane Van Beek
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Woolf Ave
 City Iowa City State IA Zip Code 52246-2442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Iowa Hospitals and Clinics Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : 87109D04F9F3478E8B12
 Amount of Each Receipt this Period
 550.00
 Aggregate Year-to-Date ▼
 3050.00

C. Nicole Velez
 Full Name (Last, First, Middle Initial)
 Mailing Address 166 N Dithridge St
 Apt 4C
 City Pittsburgh State PA Zip Code 15213-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Westmoreland Dermatology Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015
Transaction ID : DB9A0F6A-2077-4770-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00
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 76 OF 96
	<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. Allison Therese Vidimos
Full Name (Last, First, Middle Initial)

Mailing Address 9500 Euclid Ave
Department of Dermatology, # A-60

City Cleveland State OH Zip Code 44195-0001

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

Name of Employer Cleveland Clinic Foundation Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 01 / 2015
Transaction ID : **CB286208-62B6-4FE2-**

Amount of Each Receipt this Period
1000.00

B. Greg E. Viehman
Full Name (Last, First, Middle Initial)

Mailing Address 710 Military Cutoff Rd
Ste 200

City Wilmington State NC Zip Code 28405-2374

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

Name of Employer SeaCoast Skin Surgery Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 06 / 2015
Transaction ID : **9340FBE1-6D88-4AED-**

Amount of Each Receipt this Period
500.00

C. Jon Ryan Ward
Full Name (Last, First, Middle Initial)

Mailing Address 2505 Harrison Avenue

City Panama City State FL Zip Code 32405

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

Name of Employer Gulf Coast Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
05 / 24 / 2015
Transaction ID : **8716B783758C0F5D3A4**

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 77 OF 96
	<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. T. Lynn Warthan
Full Name (Last, First, Middle Initial)

Mailing Address 4730 NE Stallings Drive

City Nacogdoches State TX Zip Code 75965-1615

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 ▼
1500.00

Date of Receipt
05 / 05 / 2015
Transaction ID : **06ED14CA22DC96B51AE**

Amount of Each Receipt this Period
1500.00

B. Daniel I. Wasserman
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Skin Wellness Physicians
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
05 / 01 / 2015
Transaction ID : **C2BC3069D7BA4A7994EC**

Amount of Each Receipt this Period
700.00

C. Eduardo Tomas Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 16485 Collins Ave Apt 2135

City Sunny Isles Beach State FL Zip Code 33160-4552

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

Name of Employer Hollywood Dermatology & Cosmetic Speci
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 22 / 2015
Transaction ID : **7ED864949C6F6539ED1**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2700.00

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 78 OF 96
	<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. William A. Welton III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3252 W Castle Pines Loop
 City Lecanto State FL Zip Code 34461-7500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Suncoast Derm/Skin Surgery Center Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 24 / 2015
Transaction ID : 5EC65D25910C60DE3E0
 Amount of Each Receipt this Period 1000.00

B. J. Michael Wentzell
 Full Name (Last, First, Middle Initial)
 Mailing Address Rd1 Upper Moutere 46 Bronte Rd. E
 City Nelson State FL Zip Code 7173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Family Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2015
Transaction ID : 399126A52E8A4CAA96E0
 Amount of Each Receipt this Period 500.00

C. Richard Eric White
 Full Name (Last, First, Middle Initial)
 Mailing Address 2740 Island Cove Rd
 City Fort Mill State SC Zip Code 29708-6534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Palmetto Skin & Laser Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 05 / 05 / 2015
Transaction ID : D434EEEF20FA1BCB967
 Amount of Each Receipt this Period 251.00

SUBTOTAL of Receipts This Page (optional).....	1751.00
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 79 OF 96
<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. Courtney S. Woodmansee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1742 Central Ave
 City Memphis State TN Zip Code 38104-5116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memphis Dermatology 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
 05 / 13 / 2015
Transaction ID : 6F70A00587077B31F15
 Amount of Each Receipt this Period
 250.00

B. David A. Wrone
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Littlebrook Rd
 City Princeton State NJ Zip Code 08540-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Princeton Dermatology Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2015
Transaction ID : 226D8BE0B6F14BABB809
 Amount of Each Receipt this Period
 500.00

C. Christopher B. Yelverton
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Dublin Dr
 City Elmira State NY Zip Code 14905-1252
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Guthrie Clinic 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
 05 / 02 / 2015
Transaction ID : CDD20D33F9B84B37BE60
 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 80 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Edward H. Yob

Mailing Address 8803 S 101st East Avenue
Suite 335

City Tulsa State OK Zip Code 74133-7550

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

Name of Employer: Tulsa Cancer Institute - Skin Cancer I
Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 24 / 2015
Transaction ID : 386E785DE7619DCEED7

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Jaeyoung Yoon

Mailing Address 12855 N 40 Dr
Ste 180

City Saint Louis State MO Zip Code 63141-8657

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

Name of Employer: Signature Health
Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 27 / 2015
Transaction ID : 19885608-EE8C-40C0-

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. David G. Yrastorza

Mailing Address 904 Camelot Ln

City Lakeland State FL Zip Code 33813-2671

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

Name of Employer: Dermatology Associates
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 24 / 2015
Transaction ID : C45318A1D26BC298A5B

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 81 OF 96
	<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. Scott Zahner
Full Name (Last, First, Middle Initial)

Mailing Address 141 S County Line Rd

City Hinsdale State IL Zip Code 60521-4722

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

Name of Employer ACDA Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
05 / 11 / 2015
Transaction ID : 248DED491C393F8F98F

Amount of Each Receipt this Period
750.00

B. Priya S. Zeikus
Full Name (Last, First, Middle Initial)

Mailing Address 5012 S US Highway 75 Ste 200

City Denison State TX Zip Code 75020-4610

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
05 / 08 / 2015
Transaction ID : 7C67206C-542F-4D49-

Amount of Each Receipt this Period
1000.00

C. Wenhong Zhou
Full Name (Last, First, Middle Initial)

Mailing Address 3644 Main St Fl 2

City Flushing State NY Zip Code 11354-4105

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

Name of Employer Merriderm Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 04 / 2015
Transaction ID : 9B314351E331F064C47

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	190170.18

**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

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

Transaction ID : V0C50BCEC2D9338C2220

Amount of Each Disbursement this Period

6	5	3	.	5	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
PayPal 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
0	5		0	1		2	0	1	5

Transaction ID : V396444D2A70C54569AE

Amount of Each Disbursement this Period

3	1	0	8	.	7	1
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. 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
0	5		0	1		2	0	1	5

Transaction ID : V722FC38F4996BECA97A

Amount of Each Disbursement this Period

1	1	5	6	.	3	0
---	---	---	---	---	---	---

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

4	9	1	8	.	5	9
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TOTAL This Period (last page this line number only)..... ▶

4	9	1	8	.	5	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. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
2015 Contribution

011

Candidate Name

21st Century Majority Fund

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : E7CA35C47C0C8D890BE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. America Works PAC

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement
2015 Contribution

011

Candidate Name

America Works PAC

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 2E6B4FBBEA03C3B049C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AMERIPAC: The Fund for a Greater America

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 8DE6B6CF12ED1ADFEDE

Amount of Each Disbursement this Period

5000.00

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

10000.00

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. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Ameriash B. Bera

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

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

Transaction ID : A340D630061CB949C50

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Garland Hale Barr IV

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 63D19246565E93FBB57

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Garland Hale Barr IV

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : 19FBEDEC649B7540595

Amount of Each Disbursement this Period

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

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

4	0	0	0	0	0
---	---	---	---	---	---

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

4	0	0	0	0	0
---	---	---	---	---	---

**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. Andy Harris for Congress

Mailing Address PO Box 426

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Andrew P. Harris

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : 691FB44118463940C11

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City State Zip Code
Gaithersburg MD 20883

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Blue Dog Political Action Committee

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

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

Transaction ID : E251F25E1830D1934D0

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 228 S. Washington St., Ste. 115

City State Zip Code
Alexandria VA 22314-5404

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 674008B233860485477

Amount of Each Disbursement this Period

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

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**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

Category/
Type

Candidate Name

Kevin Patrick Brady

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : B61141C4398617CDB2C

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles William Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 1186ACA8A05AC50E9F1

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles William Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : A3707532132127B1998

Amount of Each Disbursement this Period

2	5	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	0	0	0	0	0
---	---	---	---	---	---

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

**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. Charlie Dent for Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105-0442

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles W. Dent

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 1F8798EECAEE8538D88

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength and Security PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Continuing America's Strength and Security PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : D6B79753BE8747758BC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : AF961781BE419E7E219

Amount of Each Disbursement this Period

1500.00

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

9000.00

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. Diana DeGette for Congress

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement
2016 Primary

Candidate Name

Diana L. DeGette

Office Sought: House
 Senate
 President

State: CO District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 9687FABAC299543B381

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Dr Brian Babin for Congress

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement
2016 Primary

Candidate Name

Brian Babin

Office Sought: House
 Senate
 President

State: TX District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : F45E3048583B183C1BA

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
2016 Primary

Candidate Name

Raul Ruiz

Office Sought: House
 Senate
 President

State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : CDBC29A5F7A383CDA22

Amount of Each Disbursement this Period

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

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 John Delaney

Mailing Address PO Box 70835

City State Zip Code
Bethesda MD 20813

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

John K. Delaney

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	5

Transaction ID : ACB36F94FC46000A9B

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Gene PAC

Mailing Address 256 N Sam Houston Pkwy E
Suite 278

City State Zip Code
Houston TX 77060

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Gene PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 2A4E1FF4346D131391A

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address Post Office Box 250116

City State Zip Code
Atlanta GA 30325

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Johnny H. Isakson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	1	5

Transaction ID : 89EAE01EACF7814B852

Amount of Each Disbursement this Period

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

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Gillibrand for Senate

Mailing Address 126 C Street NW 2nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement
2018 Primary

011

Candidate Name

Kirsten Elizabeth Gillibrand

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 79472214BD93985C9D9

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

011

Candidate Name

Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	6

Transaction ID : 9A385FB0496765827CE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. M-PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Candidate Name

M-PAC

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	5

Transaction ID : 2E3CE755778685B5D96

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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 Desaulnier for Congress

Mailing Address PO Box 6066

City State Zip Code
Concord CA 94524

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mark James DeSaulnier

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : 65AA54DD4403BA4AF0D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Pocan for Congress

Mailing Address PO Box 327

City State Zip Code
Madison WI 53701

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mark Pocan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : AC6CA88B34726A770A4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024-3750

Purpose of Disbursement
2016 Primary

011

Candidate Name

Marsha Wedgeworth Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : CF48C3FFEF01DF1C87B

Amount of Each Disbursement this Period

1500.00

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

3500.00

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. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
2016 Primary

011

Candidate Name

Marsha Wedgeworth Blackburn

Category/
Type

Office Sought: House Senate President
State: TN District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : D3CC620C9B0D70BF80A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2020 Primary

011

Candidate Name

Mitch McConnell

Category/
Type

Office Sought: House Senate President
State: KY District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : 98B0724181A60849696

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Primary

011

Candidate Name

Nancy Pelosi

Category/
Type

Office Sought: House Senate President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : 4ECDE8358776BF87385

Amount of Each Disbursement this Period

5000.00

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

8500.00

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. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

New Pioneers PAC

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 3B1D86BA791E9FF46BC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PAC To the Future

Mailing Address 700 13th Street, NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

PAC To the Future

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : B241A9D26E8DE490980

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan for Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Patrick L. Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: PA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 8A326A8D37CE45A455B

Amount of Each Disbursement this Period

1000.00

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

8500.00

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. Pat Meehan for Congress

Mailing Address 50 S Providence Road

City State Zip Code
Media PA 19063-3531

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Patrick L. Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

/ /

Transaction ID : D3A310B89259740D867

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City State Zip Code
Springfield MA 01108

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Richard Edmund Neal

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

/ /

Transaction ID : DC1F65F561D81B7AAD2

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547-1488

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Paul Davis Ryan Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

/ /

Transaction ID : 386A61D69868B61B642

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. Scott Peters for Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2016 Primary

011

Candidate Name

Scott H. Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : C410543258977B5DA1A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2016 Primary

011

Candidate Name

Scott H. Peters

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : 459BABF90B8526A621C

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steve Stivers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : A0E351B8251D8DB94A1

Amount of Each Disbursement this Period

2500.00

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. The Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2020 Primary

011

Candidate Name

Jack Francis Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : ACC66C15B2947050813

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patrick Joseph Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : D5B001DB1B0701EA101

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Walorski for Congress Inc

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement
2016 Primary

011

Candidate Name

Jacqueline Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2015

Transaction ID : 09454025A0AE1E75AFF

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

87500.00