

**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	

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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).....▶	