

**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)**

Full Name (Last, First, Middle Initial) <b>A. Michael B. Colgan</b>		Date of Receipt MM / DD / YYYY 05 / 06 / 2015 <b>Transaction ID : B30C8D39-F6AF-4686-</b>
Mailing Address PO Box 1510 733 W Clairemont Avenue, City Eau Claire State WI Zip Code 54702-1510		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Name of Employer Mayo Clinic Health System-Eau Claire Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stephen L. Comite</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2015 <b>Transaction ID : D4C39627DC51BDE5B2D</b>
Mailing Address 110 E 40th Street Room 402 City New York State NY Zip Code 10016-1817		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Charles Dobbin Connor</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : D1F988F686ED4863B68E</b>
Mailing Address 22 Professional Park Dr City Maryville State IL Zip Code 62062-5669		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C	Name of Employer Dermatology Care Center Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	