

**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 80
	<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. Brett M. Coldiron
Full Name (Last, First, Middle Initial)

Mailing Address 1105 River Hill Dr

City Covington State KY Zip Code 41011-1123

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

Name of Employer The Skin Cancer Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 09 / 2016
Transaction ID : 8D5B6786C1FDB06D561

Amount of Each Receipt this Period
 500.00

Memo Item

B. Richard Charles Connors
Full Name (Last, First, Middle Initial)

Mailing Address 15 Orchard Drive

City Greenwich State CT Zip Code 06830

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
 03 / 07 / 2016
Transaction ID : 1C27C03C2F962F70670

Amount of Each Receipt this Period
 250.00

Memo Item

C. Kevin D. Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Ave
Department of Dermatology

City Cleveland State OH Zip Code 44106-1716

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

Name of Employer Univ Hospitals Case Medical 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
 03 / 07 / 2016
Transaction ID : E46F7296A3DE83F4F2C

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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