



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2016"/>		157033.61
(b) Cash on Hand at Beginning of Reporting Period.....	214527.94	
(c) Total Receipts (from Line 19) .....	65314.76	430358.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	279842.70	587392.25
7. Total Disbursements (from Line 31).....	20388.19	327937.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	259454.51	259454.51
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	60499.75	394444.41
(ii) Unitemized .....	4815.01	35914.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	65314.76	430358.64
(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) .....	65314.76	430358.64
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))..... ▶	65314.76	430358.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	65314.76	430358.64

**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 .....	2388.19	9437.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2388.19	9437.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	306500.00
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	12000.00
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)) ..	20388.19	327937.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20388.19	327937.74

**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) .....	65314.76	430358.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65314.76	430358.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2388.19	9437.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2388.19	9437.74

**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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 **05 / 23 / 2016**  
**Transaction ID : 7D371ADCEAB81D40CC8**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**B. John Paul Anders**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4370 Bonnie Brook Rd  
 City Ottawa Hills State OH Zip Code 43615-2302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anders Dermatology Inc. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 09 / 2016**  
**Transaction ID : EED5DF05ECBB938C39A**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Brooks Albert Bahr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2510 Wood Hollow Way  
 City Bountiful State UT Zip Code 84010-1226  
 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 / 31 / 2016**  
**Transaction ID : A40CC46CA6E9F56094B**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> 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 37
	<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. Sherilyn A. Baughman**

Mailing Address 664 E. 4625 S

City Ogden State UT Zip Code 84403-3800

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

Name of Employer Alamo Oaks Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 28 / 2016  
**Transaction ID : EDF61F416302CBA55BD**

Amount of Each Receipt this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mitchell Elliott Bender**

Mailing Address 1818 James Ave S

City Minneapolis State MN Zip Code 55403-2829

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 ▼  
250.00

Date of Receipt  
05 / 10 / 2016  
**Transaction ID : 094C2AB6D91FC983B25**

Amount of Each Receipt this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kenneth B. Bielinski**

Mailing Address 714 Colony Ln

City Frankfort State IL Zip Code 60423-9519

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 / 31 / 2016  
**Transaction ID : 2BF69D1C68A166D197F**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**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 37
	<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. 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)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 27 / 2016  
**Transaction ID : 42BFC3EADB16C94633A**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Michael G. Bodnar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94 Oak View Ct  
 City Simi Valley State CA Zip Code 93065-8226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : 3640CE025DB219D8553**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Daniel Buchen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 58 Tanners Neck Ln  
 City Westhampton State NY Zip Code 11977-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Staten Island Physician Practice Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 28 / 2016  
**Transaction ID : BB9655EB40711F00C68**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 9 OF 37
	<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. Carrine A. Burns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 91 Lower Flying Point Rd  
 City Freeport State ME Zip Code 04032-6305  
 Name of Employer Bates Mill Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt 05 / 10 / 2016  
**Transaction ID : 39FA83CF015931ECB53**  
 Amount of Each Receipt this Period 416.67  
 Memo Item

**B. Tracy M. Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Windrush Ln  
 City Tower Lakes State IL Zip Code 60010-4021  
 Name of Employer Moore Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 09 / 2016  
**Transaction ID : CFC632C1E54CA0381D3**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**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  
 Name of Employer Self-Employed Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 25 / 2016  
**Transaction ID : 1E743D3DDCA612BFD69**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6416.67
<b>TOTAL</b> 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 37
	<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. Visoth Chhiap**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18550 De Paul Drive  
 Suite 204  
 City Morgan Hill State CA Zip Code 95037-2977  
 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 ▼  
 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : 4D9214E5FC0F8C8ED6D**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**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 Occupation  
 Cockerell Dermatopathology Dermatologist  
 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 / 2016  
**Transaction ID : 0EF08FFCD1BA719C887**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. 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 Occupation  
 The Skin Cancer Center 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 / 10 / 2016  
**Transaction ID : 67A16A3FAACDA239889**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> 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 37
	<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. Sky B. Connolly**  
Full Name (Last, First, Middle Initial)

Mailing Address 12216 San Victorio Ave NE

City Albuquerque State NM Zip Code 87111-6219

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

Name of Employer Albuquerque Dermatology Assocs 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 / 31 / 2016  
**Transaction ID : 9B7466D27FB8CA67169**

Amount of Each Receipt this Period  
 300.00

Memo Item

**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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2016  
**Transaction ID : C0F7EB9D-42F1-4B65-**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Marguerite J. Critelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 1441 Avocado Avenue Suite 607

City Newport Beach State CA Zip Code 92660

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2016  
**Transaction ID : F7F63C5B1C92EA64214**

Amount of Each Receipt this Period  
 300.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 37
	<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. Terrence A. Cronin JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1399 S. Harbor City Blvd.  
 City Melbourne State FL Zip Code 32901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cronin Skin Cancer Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 27 / 2016  
**Transaction ID : F177F68408207153702**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Mark Dawkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22800 Cedar Ridge Rd  
 City Edmond State OK Zip Code 73025-9457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dawkins Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : F1FE4EC80FDD7DA0A9F**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. James Q. Del Rosso**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8644 Castle Hill Ave  
 City Las Vegas State NV Zip Code 89129-7645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Las Vegas Skin and Cancer Clinics Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 17 / 2016  
**Transaction ID : 4F9F1B4D3744D3BD454**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8000.00
<b>TOTAL</b> 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 37
	<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 G. Dinulos**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Hancock St

City Portsmouth State NH Zip Code 03801-4611

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

Name of Employer Seacoast Dermatology, PLLC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2016  
Transaction ID : **FE13CDE786A89CC586E**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Renuka Diwan**  
Full Name (Last, First, Middle Initial)

Mailing Address 30855 Riviera Ln

City Westlake State OH Zip Code 44145-1785

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 / 23 / 2016  
Transaction ID : **49F16A490D64CD5C74A**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Lynn A. Drake**  
Full Name (Last, First, Middle Initial)

Mailing Address 5432 Golf Club Dr

City Braselton State GA Zip Code 30517-2424

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

Name of Employer Partners Health Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 23 / 2016  
Transaction ID : **47BB2165BA9FCB6DE49**

Amount of Each Receipt this Period 500.00

Memo Item

**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 14 OF 37
	<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. Richard F. Eisen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Tupelo Dr  
 City Hingham State MA Zip Code 02043-1749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer South Shore Skin Center Occupation  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 05 / 31 / 2016  
**Transaction ID : 39BFCC65D81E3E2069B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. James Edward Ethington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2923 W. Layton Avenue  
 City Greenfield State WI Zip Code 53221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Layton Avenue Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 05 / 23 / 2016  
**Transaction ID : 412318A6534922EBC8E**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Jorge Alberto Garcia-Zuazaga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36080 Shaker Blvd  
 City Chagrin Falls State OH Zip Code 44022-6644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Apex Dermatology and Skin Surgery Cent Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : C871448C-66A4-4F6F-**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 37
	<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. Martin Giandoni**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 El Paso Blvd

City Manitou Springs State CO Zip Code 80829-2455

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 / 28 / 2016  
**Transaction ID : A1583CED3B59389B8C5**

Amount of Each Receipt this Period 1000.00

Memo Item

**B. Nicholas J. Golda**  
Full Name (Last, First, Middle Initial)

Mailing Address 1202 E Pierpont Meadows Rd

City Columbia State MO Zip Code 65201-9308

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

Name of Employer Univ of Missouri Medical Center Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2016  
**Transaction ID : 45D2A36010515FB3908D**

Amount of Each Receipt this Period 50.00

Memo Item

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

Mailing Address 9 Goodwins Ct Apt 6

City Marblehead State MA Zip Code 01945-3583

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

Name of Employer Self Employed Occupation Physician-Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 281.25

Date of Receipt 05 / 24 / 2016  
**Transaction ID : 4938A20036B4E1792F02**

Amount of Each Receipt this Period 93.75

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1143.75

**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 37
	<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. Steve Harlan**  
Full Name (Last, First, Middle Initial)

Mailing Address 15610 Wilden Dr

City Urbandale State IA Zip Code 50323-2658

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

Name of Employer Dermatology & Dermatologic Surgery Cen 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 / 31 / 2016  
**Transaction ID : 006E4B67C9F9D4E69BD**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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 Surgery Center Occupation Derm Surgeon

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 / 03 / 2016  
**Transaction ID : F2364787FEF148932CB**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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 Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016  
**Transaction ID : 8BA22E84C1FF48E4CAD**

Amount of Each Receipt this Period  
 125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1625.00
<b>TOTAL</b> 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 18 OF 37
	<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. Julio Hernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15215 S. 48th Street  
 Suite 120  
 City Phoenix State AZ Zip Code 85044-9137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer English Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2016  
**Transaction ID : 39D796E0D16E727F030**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. 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 05 / 27 / 2016  
**Transaction ID : B8C1A8E1A115EC616BA**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Brian Dennis Knutson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6800 E Split Rock Cir  
 City Sioux Falls State SD Zip Code 57110-3981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Midwestern Derm Center/Avera Health Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 28 / 2016  
**Transaction ID : B74B3365D4D4BD6AB0C**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 37
	<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. 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 **1500.00**

Date of Receipt **05 / 10 / 2016**  
**Transaction ID : 2C61F441C4D45538103**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Catherine L. Laughlin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 282 Riverdale Ct  
 City Ozark State MO Zip Code 65721-5504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ferrell-Duncan Clinic Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 03 / 2016**  
**Transaction ID : 20576460EDC6D030F33**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Jane Dy Lim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6699 Old Stonehouse Dr  
 City Newburgh State IN Zip Code 47630-1785  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Deaconess Clinic Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 28 / 2016**  
**Transaction ID : 172B3DAB99B93F64928**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> 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 37
	<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 V. Lynott**  
Full Name (Last, First, Middle Initial)

Mailing Address 4101 Quarry Springs Dr

City Racine State WI Zip Code 53405-1172

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 ▼ 1000.00

Date of Receipt 05 / 28 / 2016  
Transaction ID : 8C992B3CAA76EE494B5

Amount of Each Receipt this Period 1000.00

Memo Item

**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 05 / 23 / 2016  
Transaction ID : EFF22DC6370A3963A05

Amount of Each Receipt this Period 500.00

Memo Item

**C. Andrew B. Menkes**  
Full Name (Last, First, Middle Initial)

Mailing Address 453 Roblar Ave

City Hillsborough State CA Zip Code 94010-6849

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 / 23 / 2016  
Transaction ID : A1FCEBBE4CC7782AE7B

Amount of Each Receipt this Period 1500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

**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 37
	<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. Charles W. Miller III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Sappington Spur  
 City Saint Louis State MO Zip Code 63122-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatological Care, Inc. Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : 7F1D34785728E642F08**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Ali Moiin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1575 W Big Beaver Rd Ste C12  
 City Troy State MI Zip Code 48084-3536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A Comprehensive Dermatology Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 10 / 2016  
**Transaction ID : 4D092090-5C6E-4450-**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Bernard R. Palus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 158 Washington St  
 City Swissvale State PA Zip Code 15218-1352  
 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 / 23 / 2016  
**Transaction ID : DF233871010E75AD80F**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**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 22 OF 37
	<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. Carlos Paz**  
Full Name (Last, First, Middle Initial)

Mailing Address 7025 N Chestnut Ave  
Ste 105

City Fresno State CA Zip Code 93720-0351

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

Name of Employer Fresno Dermatology Specialists Inc Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2016  
**Transaction ID : 18D21E11-7920-4D01-**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Lee S. Portnoff**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Dunleith Dr

City Saint Louis State MO Zip Code 63124-1896

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 / 27 / 2016  
**Transaction ID : 26D0880C35EEEEAC23B4**

Amount of Each Receipt this Period 1000.00

Memo Item

**C. Stephen M. Purcell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1259 S Cedar Crest Blvd  
Ste 100

City Allentown State PA Zip Code 18103-6373

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

Name of Employer Advanced Dermatology Associates LTD Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2016  
**Transaction ID : 0CFDAF86-9B6F-4F13-**

Amount of Each Receipt this Period 1000.00

Memo Item

**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 23 OF 37
	<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. Vail C. Reese**  
Full Name (Last, First, Middle Initial)

Mailing Address 450 Sutter St  
Rm 830

City San Francisco State CA Zip Code 94108-3915

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 / 30 / 2016  
**Transaction ID : A8A83CE5-57FD-4B40-**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. 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 / 26 / 2016  
**Transaction ID : 2B35634227C461BB7AA**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Heather Rogers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1021 Mercer St

City Seattle State WA Zip Code 98109-4324

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

Name of Employer Modern Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 27 / 2016  
**Transaction ID : 05E31851-309E-452E-**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 37
	<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. Ritchie Rosso**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4503 Artesa Way S  
City Palm Beach Gardens State FL Zip Code 33418-6790  
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 ▼  
1000.00

Date of Receipt  
05 / 28 / 2016  
**Transaction ID : ACD85205F4740594D9D**  
Amount of Each Receipt this Period  
1000.00  
 Memo Item

**B. Kathleen M. Rossy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 800 Bunn Dr Ste 201  
City Princeton State NJ Zip Code 08540-1968  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Princeton Center for Dermatology Dermatologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 21 / 2016  
**Transaction ID : 06E0204D-86F5-46E7-**  
Amount of Each Receipt this Period  
300.00  
 Memo Item

**C. Hakeem Sam**  
Full Name (Last, First, Middle Initial)  
Mailing Address 149 N Main St  
City Meadville State PA Zip Code 16335-1112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Meadville Dermatology & Skin Surgery I Physician  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 10 / 2016  
**Transaction ID : A11F6A8F-C6C1-4DF9-**  
Amount of Each Receipt this Period  
500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> 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 37
	<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. Dawn Lynnette Sammons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4080 Dutch Ridge Rd  
 City Guysville State OH Zip Code 45735-9530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Oakview Dermatology Dermatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 25 / 2016  
**Transaction ID : 7F09848FFCEE5789D5B**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**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 Occupation  
 Self Employed Dermatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 27 / 2016  
**Transaction ID : 010049347E59F01AF24**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**C. Jimmy D. Schmidt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14655 Champion Forest Drive Apt. 303  
 City Houston State TX Zip Code 77069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 dr jimmy schmidt Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 09 / 2016  
**Transaction ID : E16C89C2F42AD722C52**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 37
	<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. Sarah Schram**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 E Calle Corta

City Tucson State AZ Zip Code 85716-4910

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

Name of Employer Pima Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 26 / 2016  
Transaction ID : 8587856A7563FC8FCB2

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Peter C. Seline**  
Full Name (Last, First, Middle Initial)

Mailing Address 428 County Line Rd W

City Westerville State OH Zip Code 43082-7027

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 ▼  
251.00

Date of Receipt  
05 / 01 / 2016  
Transaction ID : 444AB768-2280-4EB6-

Amount of Each Receipt this Period  
251.00

Memo Item

**C. 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 Retired Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
05 / 09 / 2016  
Transaction ID : 4B6F380A42DBE640C60

Amount of Each Receipt this Period  
350.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1101.00

**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 37
	<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. Linda J. Sheu**  
Full Name (Last, First, Middle Initial)

Mailing Address 1890 Oak Ter

City Newcastle State CA Zip Code 95658

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

Name of Employer Sutter Medical Group Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : 72537260C166CFBD3DB**

Amount of Each Receipt this Period 500.00

Memo Item

**B. 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 ▼ 1500.00

Date of Receipt 05 / 11 / 2016  
**Transaction ID : 597FABACCF7827A297D**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Marc A. Silverstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Scripps Dr Ste 300

City Sacramento State CA Zip Code 95825-6206

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

Name of Employer Univ of California-Davis School of Med Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2016  
**Transaction ID : C996C9DC-6314-47C0-**

Amount of Each Receipt this Period 500.00

Memo Item

**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 28 OF 37
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Karan K. SRa**

Mailing Address 527 Columbia St

City Houston State TX Zip Code 77007-2625

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

Name of Employer Dermatological Assoc of Texas 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 / 17 / 2016

Transaction ID : **BC044FB351DFD8CC86E**

Amount of Each Receipt this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Monika Srivastava**

Mailing Address 29 Priscilla Ln

City Englewood Cliffs State NJ Zip Code 07632-2313

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 / 24 / 2016

Transaction ID : **D3BA94ABC2A8CE36127**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Timothy Jon Storer**

Mailing Address 2561 Aikin Cir S

City Lewis Center State OH Zip Code 43035-8024

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 ▼  
255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016

Transaction ID : **BC0DA4B9EEDD0ADA900**

Amount of Each Receipt this Period  
255.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3255.00
<b>TOTAL</b> 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 37
	<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 Ridgeland State MS Zip Code 39157-7000

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

Name of Employer Dermatology Associates, LLC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : C2C10ED8B5A6543EFF4**

Amount of Each Receipt this Period  
208.33

Memo Item

**B. Frank A. Tobin**  
Full Name (Last, First, Middle Initial)

Mailing Address 15459 S Mallard Ln

City Homer Glen State IL Zip Code 60491-3481

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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : 027EDAC7C64813BCBA3**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : 9F27BB62-26FE-424B-**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1208.33
<b>TOTAL</b> 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 37
	<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. Mark S. Wallis**  
Full Name (Last, First, Middle Initial)

Mailing Address 4021 Castle Ridge Dr

City Longview State TX Zip Code 75605-2588

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 ▼  
250.00

Date of Receipt  
05 / 11 / 2016  
Transaction ID : 7877656F4EBFADAF950

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Robert W. Walters**  
Full Name (Last, First, Middle Initial)

Mailing Address 323 Camino Del Oro

City Corrales State NM Zip Code 87048-9007

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

Name of Employer Occupation  
Dermatology & Skin Cancer Center of Ne Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 11 / 2016  
Transaction ID : B2CA4BB72B3B7D40657

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Larry A. Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Valley Vw

City Irvine State CA Zip Code 92612-3211

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 / 23 / 2016  
Transaction ID : 24D89CD2D36DD8D9B1E

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> 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 37
	<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. George R. Woodbury JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2118 Kirby Rd  
 City Memphis State TN Zip Code 38119-5510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rheumatology Dermatology Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 31 / 2016**  
**Transaction ID : 341C889E3A951938A60**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Edward H. Yob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8803 S. 101st East Avenue  
 Suit 335  
 City Tulsa State OK Zip Code 74133  
 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 / 31 / 2016**  
**Transaction ID : 9145D59E885C1E8FB82**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>60499.75</b>

**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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2016

Transaction ID : V6330388CDA827F18948

Amount of Each Disbursement this Period

708.96
--------

Memo Item

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  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2016

Transaction ID : V91622E19CE4382A9EB8

Amount of Each Disbursement this Period

665.54
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Merchant Services

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		03		2016

Transaction ID : VD3C785E320952C2B160

Amount of Each Disbursement this Period

1013.69
---------

Memo Item

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

2388.19
---------

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

2388.19
---------

**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. Billy Long for Congress**

Mailing Address 3246 E Ridgeview St

City Springfield State MO Zip Code 65804-4076

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**William H. Long II**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : 2DA87878067CDD31008**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St SE  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Linda T. Sanchez**

Office Sought:  House  Senate  President  
State: CA District: 38

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : 9D0BF3D96D8C448DC97**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democrats Reshaping America (DREAMPAC)**

Mailing Address 410 1 St, SE  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2016 Contribution

011  
Category/  
Type

Candidate Name

**Democrats Reshaping America (DREAMPAC)**

Office Sought:  House  Senate  President  
State: District: Contribution

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

**Transaction ID : BB23D745294E488DCE7**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input 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 Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Erik Paulsen**

Office Sought:  House  
 Senate  
 President  
State: MN District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 586BA06556175ABDDA4**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2016 General

**011**  
Category/  
Type

Candidate Name  
**James E. Clyburn**

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6A4010853F7D0CAE9EC**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name  
**Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B43E90B2151C0EAE665**

Amount of Each Disbursement this Period

Memo Item

**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. Jenkins for Congress**

Mailing Address PO Box 727

City: Huntington State: WV Zip Code: 25711

Purpose of Disbursement: 2016 General

Candidate Name

**Evan H. Jenkins**

Office Sought:  House  Senate  President  
State: WV District: 03

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

011  
Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

Transaction ID : 50988869A4E1C6D234F

Amount of Each Disbursement this Period

1000.00

Memo Item

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 General

Candidate Name

**Kurt Schrader**

Office Sought:  House  Senate  President  
State: OR District: 05

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

011  
Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

Transaction ID : 170000F9F5DAC9D6C89

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kuster for Congress, Inc**

Mailing Address PO Box 1498

City: Concord State: NH Zip Code: 03302

Purpose of Disbursement: 2016 Primary

Candidate Name

**Ann McLane Kuster**

Office Sought:  House  Senate  President  
State: NH District: 02

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

011  
Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2016

Transaction ID : 237A777531DF145E18D

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Lynn Michelle Jenkins**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

/  /

**Transaction ID : C918C99E28354F184B6**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Matsui for Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Doris O. Matsui**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

/  /

**Transaction ID : 09C5EC5AEA7B27E2A42**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Rand Paul for US Senate 2016**

Mailing Address PO Box 72928

City Newport State KY Zip Code 41072

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Rand Howard Paul**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

/  /

**Transaction ID : E64C0B209854144F09D**

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
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<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. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name

**Patrick Joseph Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

/  /

**Transaction ID : E8083A94E7F92C292DE**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

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

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