

**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="2013"/>	<input type="text" value="204940.53"/>	<input type="text" value="204940.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="204940.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17355.42"/>	<input type="text" value="17355.42"/>
(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="222295.95"/>	<input type="text" value="222295.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35361.73"/>	<input type="text" value="35361.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186934.22"/>	<input type="text" value="186934.22"/>
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).....	13866.00	13866.00
(ii) Unitemized	3489.42	3489.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17355.42	17355.42
(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)	17355.42	17355.42
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))..... ▶	17355.42	17355.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17355.42	17355.42

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	361.73	361.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	361.73	361.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
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	0.00
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)) ..	35361.73	35361.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35361.73	35361.73

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)	17355.42	17355.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17355.42	17355.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	361.73	361.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	361.73	361.73

**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 16
<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

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. Angela R. Peterman
Full Name (Last, First, Middle Initial)

Mailing Address 520 Horn Point Dr

City Annapolis State MD Zip Code 21403-3326

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

Name of Employer Anne Arundel Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 03 / 2013
Transaction ID : **AA03F95A41F7A4BFC87B**

Amount of Each Receipt this Period
1000.00

B. Susan T. Elliott
Full Name (Last, First, Middle Initial)

Mailing Address 6624 Jill Ct

City Mc Lean State VA Zip Code 22101-1613

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 ▼
375.00

Date of Receipt
01 / 03 / 2013
Transaction ID : **A7A47C7F5419646A580F**

Amount of Each Receipt this Period
375.00

C. Jerome R. Potozkin
Full Name (Last, First, Middle Initial)

Mailing Address 2502 Alamo Country Cir

City Alamo State CA Zip Code 94507-1495

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
01 / 03 / 2013
Transaction ID : **A54BE1C30CFBF47B19A6**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00

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 16
	<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. Shannon V. Setzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Ellis St Suite 3b
 City Bozeman State MT Zip Code 59715-8837
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Big Sky Dermatology PC Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 03 / 2013
Transaction ID : AA84D36DE93D24B5EA6B
 Amount of Each Receipt this Period 500.00

B. Donald E. Kern
 Full Name (Last, First, Middle Initial)
 Mailing Address 6928 96th Ave SE
 City Mercer Island State WA Zip Code 98040-5406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The PolyClinic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 01 / 03 / 2013
Transaction ID : A857AE3A040CE4927A83
 Amount of Each Receipt this Period 251.00

C. Mark David Gentleman
 Full Name (Last, First, Middle Initial)
 Mailing Address 806 Milburn St
 City Evanston State IL Zip Code 60201-2450
 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 01 / 03 / 2013
Transaction ID : A7DEC94D8134E48439AB
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1001.00
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 8 OF 16
(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. John J. Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 W. 17th St
 City Pueblo State CO Zip Code 81003-2622
 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: 01 / 03 / 2013
Transaction ID : A9074D096F0054735855
 Amount of Each Receipt this Period: **1000.00**

B. Kim B. Yancey
 Full Name (Last, First, Middle Initial)
 Mailing Address 7111 Turtle Creek Blvd
 City Dallas State TX Zip Code 75225-7425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Univ of Texas Southwestern Medical Cen Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 01 / 03 / 2013
Transaction ID : ABF6784351FE64800A6D
 Amount of Each Receipt this Period: **250.00**

C. Dorota Michalek Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 Atkinson Ln
 City Newtown State PA Zip Code 18940-4225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Drexel Dermaotlogy Associates Occupation: Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 01 / 03 / 2013
Transaction ID : AB5A2609C922C4BD5BF3
 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 9 OF 16
	<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. Oliver M. Reed
Full Name (Last, First, Middle Initial)

Mailing Address 12900 Cortez Blvd Suite 205

City	State	Zip Code
Brooksville	FL	34613-4898

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 ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2013

Transaction ID : A188744F9EF14461FA4B

Amount of Each Receipt this Period
1250.00

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

Mailing Address 9743 Palma Vista Way

City	State	Zip Code
Boca Raton	FL	33428-3527

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

Name of Employer	Occupation
Tripp Dermatology	Dermologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2013

Transaction ID : AB03B14D6CA824789A1C

Amount of Each Receipt this Period
375.00

C. Jay M. Barnett
Full Name (Last, First, Middle Initial)

Mailing Address 11704 Lake Potomac Dr

City	State	Zip Code
Potomac	MD	20854-1219

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

Name of Employer	Occupation
Great Washington Dermatology, PA	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		07		2013

Transaction ID : AC1F3BCB6279843F0AE3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2125.00
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 16
	<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. Katherine Anne Wier
Full Name (Last, First, Middle Initial)

Mailing Address 6250 N. Rockwell St Apt 1

City Chicago State IL Zip Code 60659-2724

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 01 / 07 / 2013
Transaction ID : ABB39E65CF0B84CC083E

Amount of Each Receipt this Period 1000.00

B. Timothy Lee Gardner
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Berkshire Cir

City Johnson City State TN Zip Code 37604-8921

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

Name of Employer Tri-Cities Skin & Cancer Occupation Derm/Dermopath

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 09 / 2013
Transaction ID : AF6DD49EDEC0C4211A54

Amount of Each Receipt this Period 365.00

C. Michael J. Dannenberg
Full Name (Last, First, Middle Initial)

Mailing Address 25 Bob O Link Ln

City Northport State NY Zip Code 11768-3307

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

Name of Employer Dermatology Associates of Huntington, Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2013
Transaction ID : AD8FFC08DAF274AE6AEB

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1615.00

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 16
	<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. Eileen Murray
Full Name (Last, First, Middle Initial)

Mailing Address 400 N. La Salle Dr Apt 2601

City Chicago	State IL	Zip Code 60654-8530
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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) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	16	/	2013

Transaction ID : A12A26A2DFD6E4B5B89A

Amount of Each Receipt this Period
250.00

B. John R. Ashley
Full Name (Last, First, Middle Initial)

Mailing Address 3613 E 88th St

City Tulsa	State OK	Zip Code 74137-2671
---------------	-------------	------------------------

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

Name of Employer St. Francis Hospital	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
01	/	16	/	2013

Transaction ID : A038A0CCE57E64F4EB7C

Amount of Each Receipt this Period
250.00

C. Ronald P. Rapini
Full Name (Last, First, Middle Initial)

Mailing Address 4148 Cason St

City Houston	State TX	Zip Code 77005-3559
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	19	/	2013

Transaction ID : A37C680A44AA84CB5958

Amount of Each Receipt this Period
1000.00

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 16
	<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. Lawrence J. Green		Date of Receipt
Mailing Address 7820 Mary Cassatt Dr		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2013
City Potomac	State MD	Zip Code 20854-3227
FEC ID number of contributing federal political committee. C		Transaction ID : ABC6CAE5460174FEC8C3
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Dermatologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
1000.00		

Full Name (Last, First, Middle Initial) B. Ann F. Haas		Date of Receipt
Mailing Address 1819 Vela Place		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2013
City Davis	State CA	Zip Code 95618-6760
FEC ID number of contributing federal political committee. C		Transaction ID : A5910803FF11F47DE85F
Name of Employer Sutter Medical Group		Amount of Each Receipt this Period
Occupation Physician		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
500.00		

Full Name (Last, First, Middle Initial) C. Michael G. Bodnar		Date of Receipt
Mailing Address 94 Oak View Ct		M M M / D D D / Y Y Y Y Y Y 01 / 23 / 2013
City Simi Valley	State CA	Zip Code 93065-8226
FEC ID number of contributing federal political committee. C		Transaction ID : A6FF0F1F8FDE74B58B97
Name of Employer Self Employed		Amount of Each Receipt this Period
Occupation Physician		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
500.00		

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 13 OF 16
<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. Kevin Lynn Whaley
 Full Name (Last, First, Middle Initial)
 Mailing Address 9487 Wolf Pack Ter
 City Colorado Springs State CO Zip Code 80920-7679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Dermatology PC 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
 01 / 23 / 2013
Transaction ID : AD91CAB8B15F64861961
 Amount of Each Receipt this Period
 500.00

B. Bruce A. Brod
 Full Name (Last, First, Middle Initial)
 Mailing Address 831 Robert Dean Dr
 City Downingtown State PA Zip Code 19335-4464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of Lancaster 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
 01 / 28 / 2013
Transaction ID : A95EBDBD897574612B12
 Amount of Each Receipt this Period
 500.00

C. Rodney S. W. Basler
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 Eastgate St
 City Lincoln State NE Zip Code 68502-5024
 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 / D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : AA9457F14077040CA893
 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).....▶	13866.00

**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 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. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement
VS/MC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2013

Transaction ID : B6486FEC9428048DEA28

Amount of Each Disbursement this Period

148.33

B. Merchant Services

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement
Aristotle Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2013

Transaction ID : BFC6AE456C11B4C57B6C

Amount of Each Disbursement this Period

66.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

214.33

214.33

