

**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="2013"/>		<input type="text" value="204940.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="269709.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="43022.42"/>	<input type="text" value="448950.54"/>
(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="312731.78"/>	<input type="text" value="653891.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31596.51"/>	<input type="text" value="372755.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="281135.27"/>	<input type="text" value="281135.27"/>
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).....	35233.00	400791.00
(ii) Unitemized	7789.42	40659.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	43022.42	441450.54
(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)	43022.42	441450.54
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	7500.00
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))..... ▶	43022.42	448950.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43022.42	448950.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	846.51	9005.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	846.51	9005.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	363000.00
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	750.00	750.00
(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)).....	750.00	750.00
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)) ..	31596.51	372755.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31596.51	372755.80

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)	43022.42	441450.54
34. Total Contribution Refunds (from Line 28(d))	750.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42272.42	440700.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	846.51	9005.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	846.51	9005.80

**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"/> 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. Corrie V. Alford
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 Hepburn Dr
 City Atlanta State GA Zip Code 30349-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Southeast Permanente Medical Group Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C 20130829 239
 Amount of Each Receipt this Period **125.00**

B. Tricia R. Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 7744 Deerwood Point Ct
 City Jacksonville State FL Zip Code 32256-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jacksonville Dermatology Assoc, PL Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : C 20130829 280
 Amount of Each Receipt this Period **100.00**

C. James E. Appel
 Full Name (Last, First, Middle Initial)
 Mailing Address 6008 Wellesley Dr
 City Wilmington State NC Zip Code 28409-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wilmington Health Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C 20130829 236
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	475.00
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 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)

Full Name (Last, First, Middle Initial) A. Mimi Goel Bansal		Date of Receipt 07 / 17 / 2013 Transaction ID : C 20130829 337
Mailing Address 2 Polo Dr		Amount of Each Receipt this Period 300.00
City Old Westbury	State NY	Zip Code 11568-1043
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Linda M. Benedict		Date of Receipt 07 / 22 / 2013 Transaction ID : C 20130829 227
Mailing Address 3920 Paces Mnr SE		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	Zip Code 30339-4400
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Skin Specialists	Occupation Dermatologist	
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) C. Diane M. Bernardi		Date of Receipt 07 / 31 / 2013 Transaction ID : C 20130829 261
Mailing Address 3613 Torch Lake Dr		Amount of Each Receipt this Period 200.00
City Fort Wayne	State IN	Zip Code 46804-6923
FEC ID number of contributing federal political committee. C		
Name of Employer Fort Wayne Dermatology Consultants	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

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 8 OF 37
<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. Kenneth B. Bielinski
 Full Name (Last, First, Middle Initial)
 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 07 / 26 / 2013
Transaction ID : C 20130829 313
 Amount of Each Receipt this Period 1000.00

B. Clarence William Brown Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6049 N Claremont Ave
 City Chicago State IL Zip Code 60659-5257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 361
 Amount of Each Receipt this Period 100.00

C. Stuart M. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 12508 Matisse Ln
 City Dallas State TX Zip Code 75230-1742
 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 07 / 23 / 2013
Transaction ID : C 20130829 108
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....	2100.00
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. Valerie D. Callender
Full Name (Last, First, Middle Initial)

Mailing Address 12600 Longwater Dr

City Mitchellville State MD Zip Code 20721-2531

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 07 / 22 / 2013
Transaction ID : C 20130829_142

Amount of Each Receipt this Period 500.00

B. 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

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 07 / 26 / 2013
Transaction ID : C 20130829_126

Amount of Each Receipt this Period 1000.00

C. Angela S. Casey
Full Name (Last, First, Middle Initial)

Mailing Address 4318 Brompton Ct

City New Albany State OH Zip Code 43054-8982

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 ▼ 730.00

Date of Receipt 07 / 25 / 2013
Transaction ID : C 20130829_196

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00

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 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. Angela S. Casey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4318 Brompton Ct
 City New Albany State OH Zip Code 43054-8982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Surgical Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **730.00**

Date of Receipt **07 / 30 / 2013**
Transaction ID : C 20130829 22
 Amount of Each Receipt this Period **115.00**

B. Robert Lane Chappell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5001 Pepperidge Pl
 City Odessa State TX Zip Code 79761-2224
 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 **07 / 10 / 2013**
Transaction ID : C 20130829 326
 Amount of Each Receipt this Period **500.00**

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 The Skin Cancer Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3000.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C 20130829 329
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1115.00
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 37
<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. Michael P. Conroy
Full Name (Last, First, Middle Initial)

Mailing Address 9837 Cape Ct

City State Zip Code
Dublin OH 43017-7050

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

Name of Employer Occupation
Dermatologists of Greater Columbus Dermatologist / Dermatopathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2013
Transaction ID : C 20130829 26

Amount of Each Receipt this Period
1500.00

B. Jennifer Zahn Cooper
Full Name (Last, First, Middle Initial)

Mailing Address 735 Chapel Ridge Rd

City State Zip Code
Lutherville MD 21093-1898

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

Name of Employer Occupation
North Baltimore Dermatology Assistant Professor of Dermatology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2013
Transaction ID : C 20130829 222

Amount of Each Receipt this Period
550.00

C. William F. Cosulich
Full Name (Last, First, Middle Initial)

Mailing Address 19 Heron Dr

City State Zip Code
Marlboro NJ 07746-1904

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2013
Transaction ID : C 20130829 308

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
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	

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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. Kimberly Reynolds Edwards		Date of Receipt
Mailing Address 2005 Ivydale Ln		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilmington	NC	28405-4152
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C 20130829 89
Name of Employer	Occupation	Amount of Each Receipt this Period
Dermatology Associates	Dermatologist	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Victoria G. Farley		Date of Receipt
Mailing Address 322 Karen Ave Unit 2301		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Las Vegas	NV	89109-0435
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C 20130829 273
Name of Employer	Occupation	Amount of Each Receipt this Period
Scott and White	Dermatologist	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) C. Cary Edward Feibleman		Date of Receipt
Mailing Address 263 Park Ave		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Long Beach	CA	90803-1753
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C 20130829 289
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Dermatologist	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="980.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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)

Full Name (Last, First, Middle Initial) A. Matthew Kent Flynn		Date of Receipt
Mailing Address 7709 Sandy Bottom Way		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27613-8829
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C 20130829 87
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Dermatologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lisa A. Garner		Date of Receipt
Mailing Address 1830 Eastern Hills Dr		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Garland	TX	75043-1411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C 20130829 115
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Physician	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Bryon L. Gaul		Date of Receipt
Mailing Address		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City	State	Zip Code
	IA	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C 20130829 39
Name of Employer	Occupation	Amount of Each Receipt this Period
Gaul Dermatology	Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial) A. Barry C. Ginsburg		Date of Receipt MM / DD / YYYY 07 / 31 / 2013 Transaction ID : C 20130829_293
Mailing Address		Amount of Each Receipt this Period 100.00
City	State Zip Code AL	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Julie Akiko Gladsjo		Date of Receipt MM / DD / YYYY 07 / 24 / 2013 Transaction ID : C 20130829_153
Mailing Address 760 E Solana Cir		Amount of Each Receipt this Period 500.00
City	State Zip Code CA 92075-2356	
FEC ID number of contributing federal political committee. C		
Name of Employer North Coast Dermatology	Occupation Dermatologist	
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. Beth G. Goldstein		Date of Receipt MM / DD / YYYY 07 / 08 / 2013 Transaction ID : C 20130829_197
Mailing Address 104 Ukiah Ln		Amount of Each Receipt this Period 100.00
City	State Zip Code NC 27514-1474	
FEC ID number of contributing federal political committee. C		
Name of Employer Central Dermatology Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 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. Roger S. Golomb
Full Name (Last, First, Middle Initial)

Mailing Address 18 Winston Dr

City Belleair State FL Zip Code 33756-1646

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

Name of Employer Clearwater Dermatology 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
 07 / 08 / 2013

Transaction ID : C 20130829 200

Amount of Each Receipt this Period
 500.00

B. Hubert T. Greenway Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 946

City Rancho Santa Fe State CA Zip Code 92067-0946

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

Name of Employer Scripps Clinic 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
 07 / 12 / 2013

Transaction ID : C 20130829 82

Amount of Each Receipt this Period
 500.00

C. Alexander S. Gross
Full Name (Last, First, Middle Initial)

Mailing Address 1050 Spalding Club Ct

City Dunwoody State GA Zip Code 30338-2623

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

Name of Employer Georgia Dermatology Center 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
 07 / 17 / 2013

Transaction ID : C 20130829 226

Amount of Each Receipt this Period
 500.00

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: PAGE 16 OF 37
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Karyn L. Grossman

Mailing Address 611 22nd St

City State Zip Code
Santa Monica CA 90402-3121

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 ▼
750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013

Transaction ID : C 20130829 336

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
B. Orville Hartford

Mailing Address 1148 Buck Hill Dr

City State Zip Code
Veazie ME 04401-7103

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

Name of Employer Occupation
Penobscot Valley Dermatology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2013

Transaction ID : C 20130829 263

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Steven E. Hodgkin

Mailing Address

City State Zip Code
CA

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 ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 19 / 2013

Transaction ID : C 20130829 319

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 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	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. George J. Hruza
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Ames Place Dr
 City Saint Louis State MO Zip Code 63124-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Laser and Dermatologic Surgery Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 30 / 2013**
Transaction ID : C 20130829 244
 Amount of Each Receipt this Period **500.00**

B. Angela Styron Hutcheson
 Full Name (Last, First, Middle Initial)
 Mailing Address 313 Iron Bridge Way
 City Simpsonville State SC Zip Code 29681-5296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Dermatology of Greenville Occupation Resident/Fellow
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C 20130829 190
 Amount of Each Receipt this Period **100.00**

C. Mark W. Jenison
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 53rd St
 City Virginia Beach State VA Zip Code 23451-2313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Norfolk Diagnostic Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 01 / 2013**
Transaction ID : C 20130829 257
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **965.00**
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 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. Ross S. Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 196 Lake Sherwood Dr

City Lake Sherwood State CA Zip Code 91361-5193

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

Name of Employer Coastal Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2013

Transaction ID : AAA995480D6C4A1EA05F

Amount of Each Receipt this Period
365.00

B. Mary Jo Kerns
Full Name (Last, First, Middle Initial)

Mailing Address 363 Westland Ave

City Bexley State OH Zip Code 43209-1663

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

Name of Employer Dermatologists of Greater Columbus Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 09 / 2013

Transaction ID : C 20130829 27

Amount of Each Receipt this Period
250.00

C. Leon H. Kircik
Full Name (Last, First, Middle Initial)

Mailing Address 7202 Hunters Run Dr

City Prospect State KY Zip Code 40059-8830

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 10 / 2013

Transaction ID : C 20130829 331

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	865.00
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 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. Stephanie Z. Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 976 S Military Dr
 City Salt Lake City State UT Zip Code 84108-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Utah Dept of Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 07 / 10 / 2013
Transaction ID : C 20130829 161
 Amount of Each Receipt this Period 365.00

B. 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 2500.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 207
 Amount of Each Receipt this Period 500.00

C. Tanya Kormeili
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State CA Zip Code
 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 07 / 29 / 2013
Transaction ID : C 20130829 304
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00
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 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. Aleksandar L. J. Kronic
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Park Ave
 City River Forest State IL Zip Code 60305-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Illinois Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 233
 Amount of Each Receipt this Period 500.00

B. Valerie B. Laing
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 Gaston Wood Ct
 City Raleigh State NC Zip Code 27605-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Laing Dermatology and Skin Cancer Cent Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 240
 Amount of Each Receipt this Period 100.00

C. Philip E. Leboit
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Overhill Rd
 City Orinda State CA Zip Code 94563-3131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSF Dermatopathology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 25 / 2013
Transaction ID : C 20130829 358
 Amount of Each Receipt this Period 500.00

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 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. Susan L. Malane
 Full Name (Last, First, Middle Initial)
 Mailing Address 5229 Bayshore Blvd
 City Tampa State FL Zip Code 33611-4182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Comprehensive Dermatology Occupation Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **292.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C 20130829 170
 Amount of Each Receipt this Period **73.00**

B. Mary E. Maloney
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Explorers Way
 City Holden State MA Zip Code 01520-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Massachusetts Memorial Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 18 / 2013**
Transaction ID : C 20130829 37
 Amount of Each Receipt this Period **500.00**

C. Elizabeth Shannon Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 861 Tulip Poplar Dr
 City Hoover State AL Zip Code 35244-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pure Dermatology & Aesthetics, PC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 08 / 2013**
Transaction ID : C 20130829 182
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	673.00
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	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Rick L. Moore
Full Name (Last, First, Middle Initial)

Mailing Address 29315 Whipporwill Ln

City Wesley Chapel State FL Zip Code 33543-4319

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

Name of Employer Watson Clinic LLP Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 10 / 2013
Transaction ID : C 20130829 373

Amount of Each Receipt this Period 365.00

B. Kendall A. Morrison
Full Name (Last, First, Middle Initial)

Mailing Address 660 Holiday Dr

City Crossville State TN Zip Code 38555-5822

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

Name of Employer Cumberland Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 05 / 2013
Transaction ID : C 20130829 210

Amount of Each Receipt this Period 1000.00

C. 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

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 ▼ 750.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 178

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 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. David J. Myers
Full Name (Last, First, Middle Initial)

Mailing Address 6728 W Spring Hollow Ln

City Highland State UT Zip Code 84003-5634

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

Name of Employer Utah Valley Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 281

Amount of Each Receipt this Period 500.00

B. Ariel Ostad
Full Name (Last, First, Middle Initial)

Mailing Address 188 E 78th St Apt 30B

City New York State NY Zip Code 10075-0573

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 ▼ 365.00

Date of Receipt 07 / 01 / 2013
Transaction ID : C 20130829 334

Amount of Each Receipt this Period 365.00

C. David Blake Pharis
Full Name (Last, First, Middle Initial)

Mailing Address 4659 Club Cir NE

City Atlanta State GA Zip Code 30319-1055

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

Name of Employer David B. Pharis, M.D., P.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 25 / 2013
Transaction ID : C 20130829 305

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶ 1865.00

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 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. Christine Poblete-Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 37827 Briar Lakes Dr
 City Avon State OH Zip Code 44011-2190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 08 / 2013
Transaction ID : C 20130829 202
 Amount of Each Receipt this Period 200.00

B. Ross B. Pollack
 Full Name (Last, First, Middle Initial)
 Mailing Address 371 Stefan Dr
 City Charleston State SC Zip Code 29412-2483
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Univ of South Carolina Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 02 / 2013
Transaction ID : C 20130829 55
 Amount of Each Receipt this Period 250.00

C. Dennis C. Polley
 Full Name (Last, First, Middle Initial)
 Mailing Address 1806 Glendale Dr SW
 City Wilson State NC Zip Code 27893-4402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Polley Clinic Of Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 24 / 2013
Transaction ID : C 20130829 265
 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1950.00
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 25 OF 37
<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. Heather Joy Roberts
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code
CA

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

Name of Employer Occupation
Heather J Roberts, MD, A Medical Corpo 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
07 / 01 / 2013
Transaction ID : C 20130829 309

Amount of Each Receipt this Period
500.00

B. Wendy E. Roberts
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code
CA

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

Name of Employer Occupation
Desert Dermatology Medical Assocs Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2013
Transaction ID : C 20130829 36

Amount of Each Receipt this Period
2000.00

C. Patricia K. Roddey
Full Name (Last, First, Middle Initial)

Mailing Address 2112 Wellesley Ave

City State Zip Code
Charlotte NC 28207-2444

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

Name of Employer Occupation
Mecklenberg Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 26 / 2013
Transaction ID : C 20130829 249

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Robert M. Rosen
Full Name (Last, First, Middle Initial)

Mailing Address 44 Damascus Dr

City Marlboro State NJ Zip Code 07746-1955

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 07 / 17 / 2013
Transaction ID : C 20130829 322

Amount of Each Receipt this Period 300.00

B. William S. Sawchuk
Full Name (Last, First, Middle Initial)

Mailing Address 10000 Park Royal Dr

City Great Falls State VA Zip Code 22066-1847

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 07 / 22 / 2013
Transaction ID : C 20130829 378

Amount of Each Receipt this Period 500.00

C. Justin T. Sawyer
Full Name (Last, First, Middle Initial)

Mailing Address 5434 E Mariposa St

City Phoenix State AZ Zip Code 85018-3124

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

Name of Employer Alta Dermatology Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 17 / 2013
Transaction ID : C 20130829 177

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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	

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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. Daniel M. Siegel		Date of Receipt MM / DD / YYYY 07 / 08 / 2013 Transaction ID : C 20130829 248
Mailing Address 33 Hitherbrook Rd		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. George B. Sonnier		Date of Receipt MM / DD / YYYY 07 / 12 / 2013 Transaction ID : C 20130829 109
Mailing Address 6410 Lime Ridge Pl		Amount of Each Receipt this Period 1000.00
City Louisville	State KY	Zip Code 40222-6331
FEC ID number of contributing federal political committee. C	Name of Employer Self Employed	Occupation Physician
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) C. Dwight R. Tribelhorn		Date of Receipt MM / DD / YYYY 07 / 26 / 2013 Transaction ID : C 20130829 32
Mailing Address 1085 Kristen Dr		Amount of Each Receipt this Period 250.00
City Medford	State OR	Zip Code 97504-8516
FEC ID number of contributing federal political committee. C	Name of Employer Dermatology Assocs of Medford	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 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	

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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. Eugene Joseph Van Scott		Date of Receipt
Mailing Address 3 Hidden Ln		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Abington	PA	19001-4603
FEC ID number of contributing federal political committee.		Transaction ID : C 20130829 271
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Retired	Dermatology	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jennifer L. Vis		Date of Receipt
Mailing Address 13015 Woodrush Dr		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Grand Haven	MI	49417-8323
FEC ID number of contributing federal political committee.		Transaction ID : C 20130829 242
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Lakeshore Dermatology Laser & Medical	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marion Mark Vujevich		Date of Receipt
Mailing Address 41 Longuevue Dr		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburgh	PA	15228-1538
FEC ID number of contributing federal political committee.		Transaction ID : C 20130829 370
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Vujevich Dermatology Assoc. P.C.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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	

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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. James Todd Williams
Full Name (Last, First, Middle Initial)

Mailing Address 1871 Queens Meadow Ct

City Asheville State NC Zip Code 27205-8797

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

Name of Employer Asheville Dermatology & Skin Surgery Ce Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2013
Transaction ID : C 20130829 12

Amount of Each Receipt this Period
 250.00

B. Laura S. Winterfield
Full Name (Last, First, Middle Initial)

Mailing Address 25 E 5th St

City Hinsdale State IL Zip Code 60521-4404

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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : C 20130829 96

Amount of Each Receipt this Period
 250.00

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
 M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	35233.00

**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. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : V24221F4BFFEC3046395

Amount of Each Disbursement this Period

372.78

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
MC/VS Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : VD0AB2460445577D8CE9

Amount of Each Disbursement this Period

312.31

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Aristotle Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2013

Transaction ID : V1A3B469E484FAD80EB8

Amount of Each Disbursement this Period

161.42

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

846.51

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

846.51

**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. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2014 Primary

011

Candidate Name

Larry D. Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	3

Transaction ID : 989B77098C074CEC77B

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. Md for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2014 Primary

011

Candidate Name

Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	3

Transaction ID : 8B8D87AB11EB2FD6BCE

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Enzi for US Senate

Mailing Address PO Box 2775

City Cody State WY Zip Code 82414

Purpose of Disbursement
2014 General

011

Candidate Name

Michael B. Enzi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	3

Transaction ID : C39EA6C3AFFCA8F1512

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**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 Bill Posey

Mailing Address PO Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Bill Posey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	3

Transaction ID : F0DCE04F9562E6CD341

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of John Barrow

Mailing Address PO Box 1001

City Augusta State GA Zip Code 30903

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

John Jenkins Barrow

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	3

Transaction ID : 1E250AEFFBC2B87571D

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	3

Transaction ID : B90D2A4D0E9877BDD01

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 Sam Johnson

Mailing Address PO Box 860096

City State Zip Code
Plano TX 75086

Purpose of Disbursement
2014 Primary

011

Candidate Name

Samuel Robert Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2013

Transaction ID : 847A94788BD0ABB3E4E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gop Generation Y Fund

Mailing Address PO Box 9055

City State Zip Code
Peoria IL 61612

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Gop Generation Y Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : F5DEC818D985CCA183D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hal Rogers for Congress

Mailing Address PO Box 1214

City State Zip Code
Somerset KY 42502

Purpose of Disbursement
2014 Primary

011

Candidate Name

Harold D. Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

MM / DD / YYYY
07 / 24 / 2013

Transaction ID : 8AF3B938CC56AA4C1CD

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	3

Transaction ID : 44EC754445B7F5308A8

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	3

Transaction ID : A879DA88D0F64F6C0EB

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Matheson for Congress

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

James David Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	3

Transaction ID : 181B226E04386B82BA7

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	0	0	0	0	0	0	0	0
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**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. Matsui for Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Doris O. Matsui

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : 93018BA44B2C8CE7FF1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mikulski for Senate Committee

Mailing Address PO Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Barbara A. Mikulski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : A1819C567B8F03B2F32

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Renee Jacisin Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
07 / 08 / 2013

Transaction ID : 362EFCAC48CF450109D

Amount of Each Disbursement this Period

2500.00

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

4500.00

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. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2014 Primary

011

Candidate Name

Richard Edmund Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2013

Transaction ID : 28BF46F393D90589078

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2014 Primary

011

Candidate Name

Peter J. Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2013

Transaction ID : 2B47BB50CC71591970C

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Schakowsky for Congress

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
2014 Primary

011

Candidate Name

Janice D. Schakowsky

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		08		2013

Transaction ID : 0D18812004896104A64

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

30000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Robert M. Portman

Mailing Address 1501 M St NW
FI 7

City Washington State DC Zip Code 20005

Purpose of Disbursement
Refund of Contribution Received

010
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 Y
07		01		2013

Transaction ID : D9A6F835591D373D4BF

Amount of Each Disbursement this Period

750.00

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

750.00

750.00
