

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) 1445 New York Avenue NW Ste 800 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00359539 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) [X] Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2013 through 09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Steven Debnar [Electronically Filed] Date 10 / 09 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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"/>		204940.53
(b) Cash on Hand at Beginning of Reporting Period.....	307343.62	
(c) Total Receipts (from Line 19)	34299.39	517968.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	341643.01	722909.45
7. Total Disbursements (from Line 31).....	62898.64	444165.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	278744.37	278744.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

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).....	30120.00	462600.00
(ii) Unitemized	4179.39	47868.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34299.39	510468.92
(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)	34299.39	510468.92
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))..... ▶	34299.39	517968.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34299.39	517968.92

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	848.64	10865.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	848.64	10865.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	432500.00
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	50.00	800.00
(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)).....	50.00	800.00
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)) ..	62898.64	444165.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	62898.64	444165.08

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)	34299.39	510468.92
34. Total Contribution Refunds (from Line 28(d))	50.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34249.39	509668.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	848.64	10865.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	848.64	10865.08

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Lindsay Ackerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6250 N 51st Pl
 City Paradise Valley State AZ Zip Code 85253-4133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Dermatology Specialists Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 18 / 2013
Transaction ID : 9DD8B2A76C684925B2FE
 Amount of Each Receipt this Period 400.00

B. Michael J. Adler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1009 NE Imperial Ave
 City Portland State OR Zip Code 97232-2571
 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 09 / 05 / 2013
Transaction ID : FA2C5A4E337531C7586
 Amount of Each Receipt this Period 250.00

C. Louis L. Barich
 Full Name (Last, First, Middle Initial)
 Mailing Address 549 Main St
 City Hamilton State OH Zip Code 45013-3272
 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 09 / 12 / 2013
Transaction ID : E78352D89178820F70C
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
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 7 OF 42
(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)

Full Name (Last, First, Middle Initial)
A. Scott D. Bennion

Mailing Address 2800 Garden Creek Rd

City Casper State WY Zip Code 82601-6600

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

Name of Employer Central Wyoming Skin Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
09 / 12 / 2013
Transaction ID : AB1B36BC78C5062F591

Amount of Each Receipt this Period
600.00

Full Name (Last, First, Middle Initial)
B. Timothy G. Berger

Mailing Address 27 Via Capistrano

City Tiburon State CA Zip Code 94920-2030

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

Name of Employer Univ of California Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 18 / 2013
Transaction ID : 1D07F9F975E0443B896B

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Benjamin D. Bernstein

Mailing Address 5136 Elder Rd

City Hydes State MD Zip Code 21082-9550

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

Name of Employer Bernstein & Robinson Dermatology, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 05 / 2013
Transaction ID : 585CC6EC79044231339

Amount of Each Receipt this Period
250.00

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 8 OF 42
	<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 E. Bertler
Full Name (Last, First, Middle Initial)

Mailing Address 660 Maple View Ct

City Oneida State WI Zip Code 54155-9276

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

Name of Employer: Dermatology Associates of Wisconsin, S
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
09 / 06 / 2013
Transaction ID : 40F8B6E5550279BD107

Amount of Each Receipt this Period
1500.00

B. John Q. Binhlam
Full Name (Last, First, Middle Initial)

Mailing Address 5158 Remington Dr

City Brentwood State TN Zip Code 37027-3001

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

Name of Employer: Advanced Skin & Laser Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 12 / 2013
Transaction ID : 3B4016902FCF4AB014F

Amount of Each Receipt this Period
1000.00

C. Ryan Keith Brashear
Full Name (Last, First, Middle Initial)

Mailing Address 3755 E 82nd St Ste 75

City Indianapolis State IN Zip Code 46240-0028

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
09 / 25 / 2013
Transaction ID : 484EF7A2-4138-411B-

Amount of Each Receipt this Period
500.00

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
<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. Clarence William Brown Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 156 W Superior St

City Chicago State IL Zip Code 60654-8764

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 ▼ 700.00

Date of Receipt 09 / 06 / 2013
Transaction ID : 863BF60466F60A825D5

Amount of Each Receipt this Period 100.00

B. John Michael Carney
Full Name (Last, First, Middle Initial)

Mailing Address 4212 Fairview Rd

City Little Rock State AR Zip Code 72205-2061

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

Name of Employer Southwest Medical Arts Bldg Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2013
Transaction ID : 70A5BB014438165A078

Amount of Each Receipt this Period 250.00

C. Joanna Chan
Full Name (Last, First, Middle Initial)

Mailing Address 1867 Lucile Ave

City Los Angeles State CA Zip Code 90026-1025

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

Name of Employer Laser Skin Care Center Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2013
Transaction ID : 3E681F33D1BADCE6144

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 42
<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. Robert L. Chen
Full Name (Last, First, Middle Initial)

Mailing Address 1123 Lipscomb Dr

City Nashville State TN Zip Code 37204-4121

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

Name of Employer Acacia Dermatology PLLC 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
 09 / 05 / 2013
Transaction ID : 452649D5C25B8F7A91A

Amount of Each Receipt this Period
 365.00

B. Clay J. Cockerell
Full Name (Last, First, Middle Initial)

Mailing Address 4312 Arcady Ave

City Dallas State TX Zip Code 75205-3704

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

Name of Employer Cockerell Dermatopathology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : A066C2D0302382554D1

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 ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : C9BD518DBC6257D54F2

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
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 42
	<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. Julie Countess
Full Name (Last, First, Middle Initial)
Mailing Address 3904 Valley Rd
City Nashville State TN Zip Code 37205-1834
FEC ID number of contributing federal political committee. **C**
Name of Employer Cumberland Skin Surgery and Dermatolog Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 12 / 2013**
Transaction ID : EDF6924F2378D8D5FE8
Amount of Each Receipt this Period **500.00**

B. Irene A. Crosby
Full Name (Last, First, Middle Initial)
Mailing Address 12401 SW Terwilliger Blvd
City Portland State OR Zip Code 97219-8337
FEC ID number of contributing federal political committee. **C**
Name of Employer Patient Advocate Occupation Patient Advocate
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 18 / 2013**
Transaction ID : 64198662B3BB427A83A9
Amount of Each Receipt this Period **250.00**

C. Lynn Annette Drake
Full Name (Last, First, Middle Initial)
Mailing Address 40 Blossom St
Harvard Med School Department of D
City Boston State MA Zip Code 02114-2605
FEC ID number of contributing federal political committee. **C**
Name of Employer Massachusetts General Hospital Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 18 / 2013**
Transaction ID : 39046863CDC044149802
Amount of Each Receipt this Period **500.00**

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 12 OF 42
	<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. Heidi E. Fleischmann
Full Name (Last, First, Middle Initial)

Mailing Address 1512 Cornell Dr NE

City Albuquerque State NM Zip Code 87106-3704

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

Name of Employer New Mexico Dermatology Associates Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID : ACA92B1ED15B24079D4

Amount of Each Receipt this Period
 500.00

B. Sheila Fallon Friedlander
Full Name (Last, First, Middle Initial)

Mailing Address 1720 Zapo Street

City Del Mar State CA Zip Code 92014

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

Name of Employer Rady Children's Hospital Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013

Transaction ID : FFEC68C445B90275CF4

Amount of Each Receipt this Period
 500.00

C. David B. Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 1165 N Euclid St

City Anaheim State CA Zip Code 92801-1938

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
 09 / 25 / 2013

Transaction ID : B6E29CED-CADE-4646-

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 13 OF 42
	<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. Lisa A. Garner
Full Name (Last, First, Middle Initial)

Mailing Address 1830 Eastern Hills Dr

City Garland State TX Zip Code 75043-1411

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 ▼
2850.00

Date of Receipt
09 / 12 / 2013
Transaction ID : 64093B5086709B89D5F

Amount of Each Receipt this Period
100.00

B. Lawrence J. Green
Full Name (Last, First, Middle Initial)

Mailing Address 15005 Shady Grove Rd Ste 440

City Rockville State MD Zip Code 20850-6363

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 ▼
1100.00

Date of Receipt
09 / 18 / 2013
Transaction ID : 4970DA23F95F4EF5AC8D

Amount of Each Receipt this Period
100.00

C. Barbara Greenan
Full Name (Last, First, Middle Initial)

Mailing Address 9418 Balfour Drive

City Bethesda State MD Zip Code 20814

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 ▼
270.00

Date of Receipt
09 / 06 / 2013
Transaction ID : 6AB35A477E1F430F263

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional).....▶	245.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<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. Pamela J. Guest

Mailing Address 185 Page Rd
Ste A

City Pinehurst State NC Zip Code 28374-8747

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

Name of Employer Pinehurst Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 18 / 2013
Transaction ID : 9D3F53BE76E44812A763

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Bill H. Halmi

Mailing Address 7402 E Vista Dr

City Scottsdale State AZ Zip Code 85250-7143

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

Name of Employer Arizona Advanced Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 12 / 2013
Transaction ID : 9C1BE900A20411C428B

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Kathleen Julie Hectorne

Mailing Address 1208 4th St SW

City Austin State MN Zip Code 55912-3205

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

Name of Employer Austin Medical Center Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 12 / 2013
Transaction ID : 478FF3555D129895236

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: (check only one)	PAGE 15 OF 42
	<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. Ali Hendi
Full Name (Last, First, Middle Initial)

Mailing Address 2901 Audubon Ter NW

City Washington State DC Zip Code 20008-2311

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

Name of Employer Heidelberg Dermatology Occupation Dermatologist

Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2013
Transaction ID : 5445E7DD8191AE00F50

Amount of Each Receipt this Period 500.00

B. Aliya Courtney Hines
Full Name (Last, First, Middle Initial)

Mailing Address 708 Balfour St

City Grosse Pointe Park State MI Zip Code 48230-1812

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

Name of Employer Heidelberg Dermatology Occupation Dermatologist

Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2013
Transaction ID : 837D44CBFEC85CA906E

Amount of Each Receipt this Period 250.00

C. Julie A. Hodge
Full Name (Last, First, Middle Initial)

Mailing Address 1127 La Senda Dr

City Fullerton State CA Zip Code 92835-1413

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

Name of Employer Heidelberg Dermatology Occupation Physician

Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 12 / 2013
Transaction ID : B4CD14B3EB18D080EAD

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 16 OF 42
	<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. Mark J. Holzberg
Full Name (Last, First, Middle Initial)

Mailing Address 981 Oakdale Rd NE

City Atlanta State GA Zip Code 30307-1271

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

Name of Employer Newnan Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2013
Transaction ID : B3B59835E39048A2B7D8

Amount of Each Receipt this Period
200.00

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 ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : FE1F4BDE755E245C7F7

Amount of Each Receipt this Period
100.00

C. David F. Jaffe
Full Name (Last, First, Middle Initial)

Mailing Address 323 S Union Ave

City Havre De Grace State MD Zip Code 21078-3201

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 ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2013
Transaction ID : C5E089D7-4CC5-42D5-

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 42
	<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 B. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 236 Beachers Brook Ln

City Cary State NC Zip Code 27511-5598

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

Name of Employer Cary Dermatology Center, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 09 / 2013
Transaction ID : 31C24119E65DFE6F4CF

Amount of Each Receipt this Period 250.00

B. Lynda S. Kauls
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Humboldt Ave S

City Minneapolis State MN Zip Code 55403-2816

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 09 / 18 / 2013
Transaction ID : 77231AA72F139122944

Amount of Each Receipt this Period 250.00

C. Arielle N. B. Kauvar
Full Name (Last, First, Middle Initial)

Mailing Address 61 Franklin Rd

City Scarsdale State NY Zip Code 10583-7527

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

Name of Employer New York Laser & Skin Care Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 18 / 2013
Transaction ID : 31734166EB781A3AF6F

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 18 OF 42
	<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. 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 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3500.00**

Date of Receipt **09 / 06 / 2013**
Transaction ID : 55E6F113D56A7CB5BCD
 Amount of Each Receipt this Period **500.00**

B. Frank Custer Koranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 4314 Homestead Cir
 City Prairie Village State KS Zip Code 66208-1570
 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 **09 / 18 / 2013**
Transaction ID : 32FD64F0727441D390F5
 Amount of Each Receipt this Period **1000.00**

C. Arianne Shad Kourosch
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Emerson Pl
 City Boston State MA Zip Code 02114-2275
 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 **450.00**

Date of Receipt **09 / 18 / 2013**
Transaction ID : 5D4812FDFD5B4D60A588
 Amount of Each Receipt this Period **450.00**

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 19 OF 42
	<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. Esther J. Lee
Full Name (Last, First, Middle Initial)

Mailing Address 16500 Spillway Dr

City Wagram State NC Zip Code 28396-9561

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

Name of Employer Scotland Dermatology, P.A. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 05 / 2013
Transaction ID : 2DB4C1D4D51952EF8CB

Amount of Each Receipt this Period
300.00

B. James Frederick Libecco
Full Name (Last, First, Middle Initial)

Mailing Address 3085 W Market St Ste 102

City Fairlawn State OH Zip Code 44333-3620

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

Name of Employer Akron Skin Center Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 25 / 2013
Transaction ID : BE166FE1-224D-4ADE-

Amount of Each Receipt this Period
500.00

C. Judith T. Lipinski
Full Name (Last, First, Middle Initial)

Mailing Address 4633 Riverchase

City Troy State MI Zip Code 48098

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 ▼ 750.00

Date of Receipt
09 / 12 / 2013
Transaction ID : 582707C2EEA54E199DB

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1550.00

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 42
	<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. Theresa T. Magne
 Full Name (Last, First, Middle Initial)
 Mailing Address 3621 E Woodland Dr
 City Phoenix State AZ Zip Code 85048-7331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Valley Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 18 / 2013
Transaction ID : 203DA50E2ED87B9B625
 Amount of Each Receipt this Period 400.00

B. 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 Academic Alliance in Dermatology Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 438.00

Date of Receipt 09 / 06 / 2013
Transaction ID : 854C522035BDB70BEA5
 Amount of Each Receipt this Period 73.00

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 ▼ 900.00

Date of Receipt 09 / 06 / 2013
Transaction ID : C90F33EFB7A5D376AD1
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 573.00
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 42
	<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. Barbara M. Mathes
Full Name (Last, First, Middle Initial)

Mailing Address 189 Ash Way

City Doylestown State PA Zip Code 18901-2203

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 ▼
600.00

Date of Receipt
09 / 12 / 2013
Transaction ID : **007B144B002B1DBE94C**

Amount of Each Receipt this Period
350.00

B. Renee J. Mathur
Full Name (Last, First, Middle Initial)

Mailing Address 912 Sunnehanna Dr

City Johnstown State PA Zip Code 15905-2135

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
09 / 05 / 2013
Transaction ID : **4AC6CD6DA8A238C479A**

Amount of Each Receipt this Period
750.00

C. Charity Foster McConnell
Full Name (Last, First, Middle Initial)

Mailing Address 308 Granny White Pike

City Brentwood State TN Zip Code 37027-5754

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

Name of Employer Franklin Dermatology Group, PLC
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 06 / 2013
Transaction ID : **B9175D4F6F7F5BE9287**

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 42
	<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. Robert Alan McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 752 N High Point Rd

City Madison State WI Zip Code 53717-2236

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

Name of Employer Dean West Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 09 / 26 / 2013
Transaction ID : BEE8C1A9-CED9-4F81-

Amount of Each Receipt this Period 251.00

B. Eliot N. Mostow
Full Name (Last, First, Middle Initial)

Mailing Address 839 Robinwood Hills Dr

City Akron State OH Zip Code 44333-1549

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

Name of Employer Akron Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 09 / 12 / 2013
Transaction ID : 1B32DA2AC0BAE153295

Amount of Each Receipt this Period 251.00

C. Jeffrey Stephen Newman
Full Name (Last, First, Middle Initial)

Mailing Address 3422 97th Ave SE

City Mercer Island State WA Zip Code 98040-3128

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

Name of Employer Puyallup Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 26 / 2013
Transaction ID : 6AC9F78E-1685-4694-

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3002.00

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 42
	<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. Christopher Imafidon Obeime
 Full Name (Last, First, Middle Initial)
 Mailing Address 8330 Naab Rd
 Ste 315
 City Indianapolis State IN Zip Code 46260-1932
 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
 09 / 18 / 2013
Transaction ID : BC8F54A0103B4DB29D50
 Amount of Each Receipt this Period
250.00

B. Suzanne Olbricht
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Hyde Ave
 City Newton State MA Zip Code 02458-2310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic
 Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013
Transaction ID : 3111F63D85E07CCCAA
 Amount of Each Receipt this Period
250.00

C. Gopal A. Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 Rexton Drive
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aesthetic Derm Associates
 Occupation Dermatologist
 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
 09 / 12 / 2013
Transaction ID : 94B302BB5FEA0E79DE8
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
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 42
	<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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : 207A42F475861726419
 Amount of Each Receipt this Period
200.00

B. Daniel C. Rabb
 Full Name (Last, First, Middle Initial)
 Mailing Address 974 S Enota Dr NE
 City Gainesville State GA Zip Code 30501-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of NE Georgia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 26F58EC4-7E38-4A44-
 Amount of Each Receipt this Period
500.00

C. Kelley Pagliai Redbord
 Full Name (Last, First, Middle Initial)
 Mailing Address 2425 L St NW Apt 210
 City Washington State DC Zip Code 20037-2416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology and Dermatologic Surgery G Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2013
Transaction ID : 96E9C15759E64486A6EF
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	800.00
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 42
	<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. Jack S. Resneck Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 312 H St

City San Rafael State CA Zip Code 94901-1729

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

Name of Employer UCSF Department of Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID : 393BBDB3-76B3-473E-

Amount of Each Receipt this Period
 225.00

B. Carlos Ricotti Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1270 NE 87th St

City Miami State FL Zip Code 33138-3483

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

Name of Employer Dermatology / Dermatopathology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013

Transaction ID : 11BC66C082C9CBCE5A8

Amount of Each Receipt this Period
 500.00

C. Alan S. Rockoff
Full Name (Last, First, Middle Initial)

Mailing Address 36 Bullough Park

City Newtonville State MA Zip Code 02460-2479

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

Name of Employer Rockoff Center Occupation Dermatologist

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
 09 / 18 / 2013

Transaction ID : FBD8E0A5FD4D907311D

Amount of Each Receipt this Period
 750.00

SUBTOTAL of Receipts This Page (optional).....▶	1475.00
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 42
	<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. Susan C. Sanders
 Full Name (Last, First, Middle Initial)
 Mailing Address 19324 River Crossing Blvd
 City Davidson State NC Zip Code 28036-6022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Group of the Carolinas Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 12 / 2013**
Transaction ID : 92168CE3648295945EB
 Amount of Each Receipt this Period **500.00**

B. Kathleen Y. Sawada
 Full Name (Last, First, Middle Initial)
 Mailing Address 16608 W 69th Cir
 City Arvada State CO Zip Code 80007-7675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Accent Dermatology and Laser Institute Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **251.00**

Date of Receipt **09 / 25 / 2013**
Transaction ID : 3C24A15A-F04B-43EE-
 Amount of Each Receipt this Period **251.00**

C. Roy Stern Seidenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 W 79th St Apt 3W
 City New York State NY Zip Code 10024-6126
 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 **09 / 26 / 2013**
Transaction ID : 61654E599789C60CD39
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **1051.00**
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 42
	<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. Daniel M. Siegel
Full Name (Last, First, Middle Initial)

Mailing Address 33 Hitherbrook Rd

City Saint James State NY Zip Code 11780-1014

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

Name of Employer Long Island Skin Cancer And Dermatolog Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4250.00

Date of Receipt 09 / 06 / 2013
Transaction ID : DDD327C07A9E38B9313

Amount of Each Receipt this Period 500.00

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

Mailing Address 301 W Bastanchury Rd Ste 210

City Fullerton State CA Zip Code 92835-3424

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

Name of Employer Advanced Skincare MedCenter Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 25 / 2013
Transaction ID : 229C4196-CF0E-46B1-

Amount of Each Receipt this Period 260.00

C. Kristin W. Smallwood
Full Name (Last, First, Middle Initial)

Mailing Address 1980 N Atlantic Ave Ste 722

City Cocoa Beach State FL Zip Code 32931-3275

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 ▼ 750.00

Date of Receipt 09 / 18 / 2013
Transaction ID : CCDA20B528824018A422

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶ 1010.00

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 42
	<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. Katrina Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5705 Lakeshore Dr
 City Wausau State WI Zip Code 54401-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Aspirus Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2013
Transaction ID : 2C96E084A259A5050BE
 Amount of Each Receipt this Period 400.00

B. Cloyce L. Stetson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 4th St Health Sciences Center, Department
 City Lubbock State TX Zip Code 79430-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Texas Tech Univ Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2013
Transaction ID : 7B78A475-4DF4-4BB3-
 Amount of Each Receipt this Period 1000.00

C. Sabra Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 242 Hidden Oaks Dr
 City Ridgeland State MS Zip Code 39157-7000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates, LLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 06 / 2013
Transaction ID : D4444856F0CBC8837E5
 Amount of Each Receipt this Period 100.00

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 29 OF 42
	<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. Abel Torres
Full Name (Last, First, Middle Initial)

Mailing Address 1321 Summit B Ave

City Redlands State CA Zip Code 92373-6806

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

Name of Employer Loma Linda University Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 18 / 2013**

Transaction ID : 9751B226AD99FD9269B

Amount of Each Receipt this Period **250.00**

B. L. Arthur Weber
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3141

City Grand Junction State CO Zip Code 81502-3141

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 ▼ **299.00**

Date of Receipt **09 / 24 / 2013**

Transaction ID : CE46E0E589AFCD4DCC5

Amount of Each Receipt this Period **199.00**

C. Michael G. Wilkerson
Full Name (Last, First, Middle Initial)

Mailing Address 301 Univ Blvd
4.112 McCullough, Dept of

City Galveston State TX Zip Code 77555-0001

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

Name of Employer Univ of Texas Medical Branch Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **09 / 18 / 2013**

Transaction ID : 2F64E1E8127E4F1F845E

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶	699.00
TOTAL This Period (last page this line number only).....▶	30120.00

**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
09 / 03 / 2013

Transaction ID : V861462205C784602FDA

Amount of Each Disbursement this Period

220.07

Full Name (Last, First, Middle Initial)

B. 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
09 / 05 / 2013

Transaction ID : VE4AC1BF17E2AA02A790

Amount of Each Disbursement this Period

105.50

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Onsite CC 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
09 / 10 / 2013

Transaction ID : V10F76ED3C4D89CB9111

Amount of Each Disbursement this Period

128.28

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

453.85

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 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

Purpose of Disbursement
MC/Visa Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VAD66C5D0D6A98BEB7D0

Amount of Each Disbursement this Period

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

/ /

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

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 General

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : E15EAC89A0B1B90E834

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 General

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 70550B8B99F1C583AF3

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : D3E701620958458435B

Amount of Each Disbursement this Period

1000.00

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. Andy Harris for Congress

Mailing Address PO Box 604

City State Zip Code
Bel Air MD 21014

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Andrew P. Harris

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : 0DF084508BD40750D4C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bennet for Colorado

Mailing Address PO Box 3078

City State Zip Code
Denver CO 80201

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Michael F. Bennet

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 9096D382674ED626420

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 220 1/2 E St., NE

City State Zip Code
Washington DC 20002

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 459506EE58EDBA52D84

Amount of Each Disbursement this Period

5000.00

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

8500.00

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. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
2014 Primary

011

Candidate Name

Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : AF0CB2AE47021B04310

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 Primary

011

Candidate Name

Susan Margaret Collins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : C10BD8E1218B29A4FC1

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Courtney for Congress

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 763335ECBB2BC6D416F

Amount of Each Disbursement this Period

1000.00

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

3500.00

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. Democrats Win Seats (DWS PAC)

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Democrats Win Seats (DWS PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	3

Transaction ID : CE04661E5839238C414

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Devin G. Nunes

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	3

Transaction ID : 127D5B805C2C80F2868

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz for Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	3

Transaction ID : 01C0D9E3BFFE0444C76

Amount of Each Disbursement this Period

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

8	5	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 Bill Posey

Mailing Address PO Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
2014 Primary

011

Candidate Name

Bill Posey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : B30E52B3587762BCC23

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : C736A864D16A364C053

Amount of Each Disbursement this Period

500.00

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 General

011

Candidate Name

Lois Capps

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 5EEC9FEAD83706AC0A9

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

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

Use separate schedule(s)
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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 Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : BC8637BD57A269B58CA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Holding Onto Oregon's Priorities

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Holding Onto Oregon's Priorities

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : A723895D60788D60FB8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Jim Gerlach for Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480-0087

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

James W. Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 1947DE6E7A50787D44B

Amount of Each Disbursement this Period

1000.00

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)
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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. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2014 Primary

011

Candidate Name

Leonard Lance

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 5277D75CECF9922C470

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126-1172

Purpose of Disbursement
2014 Primary

011

Candidate Name

John B. Larson

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 8BD8926CBFFB25B7C72

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Lead Your Nation Now PAC (LYNN PAC)

Mailing Address PO Box 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Lead Your Nation Now PAC (LYNN PAC)

Category/
Type

Office Sought: House
 Senate
 President
State: District: Contribution

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 538E41AD9002EAB4826

Amount of Each Disbursement this Period

2500.00

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

5000.00

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. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 1853A43E5D1E05BA9DC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

David B. McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2013

Transaction ID : 0E3217FB08C63F6070E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Michael Clifton Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 20A34D05D9C29BCF082

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Morgan Griffith for Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

H. Morgan Griffith

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2013

Transaction ID : FFB6CF1B16900FF8A57

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Murphpac

Mailing Address 410 1st St SE, Fl 3

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Murphpac

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : AAAD2A0253BBE41660A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pat Roberts for U.S. Senate, Inc.

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : A2D12C816D925C1254A

Amount of Each Disbursement this Period

4000.00

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

11500.00

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

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

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Pittspac

Mailing Address 223 W Franklin St

City Ephrata State PA Zip Code 17522

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Pittspac

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 8AB7724027F14022A52

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Jack Francis Reed

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: RI District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : BD918A83C6DCE494F3E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Ron Barber for Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Ron Barber

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : 61AF1FC895F8382F8D7

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

