

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="204940.53"/>	<input type="text" value="204940.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="186298.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50256.00"/>	<input type="text" value="119436.84"/>
(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="236554.77"/>	<input type="text" value="324377.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92366.33"/>	<input type="text" value="180188.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144188.44"/>	<input type="text" value="144188.44"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

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).....	42431.00	105098.00
(ii) Unitemized	5325.00	11838.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	47756.00	116936.84
(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)	47756.00	116936.84
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.....	2500.00	2500.00
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))..... ▶	50256.00	119436.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50256.00	119436.84

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	1366.33	2188.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1366.33	2188.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	91000.00	178000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92366.33	180188.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92366.33	180188.93

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)	47756.00	116936.84
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47756.00	116936.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1366.33	2188.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1366.33	2188.93

**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 44
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Michel A. McDonald
Full Name (Last, First, Middle Initial)
Mailing Address 319 Lynnwood Blvd
City Nashville State TN Zip Code 37205-2928
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 **03 / 02 / 2013**
Transaction ID : A4BCF4AA7BA7444F2B88
Amount of Each Receipt this Period **1000.00**
March 2013 Mailing

B. Artis P. Truett III
Full Name (Last, First, Middle Initial)
Mailing Address 2821 New Hartford Rd
City Owensboro State KY Zip Code 42303-1320
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 **03 / 03 / 2013**
Transaction ID : A451A7438107C43E9A1F
Amount of Each Receipt this Period **1000.00**
March 2013 Mailing

C. Daniel D. Bennett
Full Name (Last, First, Middle Initial)
Mailing Address 1119 Van Buren St
City Madison State WI Zip Code 53711-2223
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Wisconsin School of Medi Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2013**
Transaction ID : A66E6DF574EFD4F639EB
Amount of Each Receipt this Period **500.00**
March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 44
	<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 ▼
250.00

Date of Receipt
03 / 06 / 2013
Transaction ID : **AF54DAEC12F07405EA64**

Amount of Each Receipt this Period
250.00

B. Jordan Schwartzberg
Full Name (Last, First, Middle Initial)

Mailing Address 7721 Newport Ln

City Parkland State FL Zip Code 33067-2341

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

Name of Employer Boca Raton Skin Institute
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 06 / 2013
Transaction ID : **AB4FA38DA85214504AAD**

Amount of Each Receipt this Period
250.00

C. Nancy A. Krywonis
Full Name (Last, First, Middle Initial)

Mailing Address 370 Eudora St

City Denver State CO Zip Code 80220-5722

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
03 / 06 / 2013
Transaction ID : **A86CFA79F61BA41D0A4D**

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 9 OF 44
	<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. Zoe Diana Draelos
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Chestnut Dr
 City High Point State NC Zip Code 27262-4517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Consulting Services, PLLC Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 06 / 2013
Transaction ID : A178EB000A5F34D37B41
 Amount of Each Receipt this Period 250.00

B. Jack L. Leshner Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 817 Barrett Ln
 City Augusta State GA Zip Code 30909-3454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical College of Georgia Occupation Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 06 / 2013
Transaction ID : AF946FD27129A4CC7829
 Amount of Each Receipt this Period 250.00

C. Michael J. Sharkey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Bellevue Rd Suite 21a
 City Dublin State GA Zip Code 31021-2890
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Dermatology & Skin Cancer Cent Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 06 / 2013
Transaction ID : A7030742DAF01416E88B
 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 10 OF 44
	<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. J. Morgan O'Donoghue
Full Name (Last, First, Middle Initial)

Mailing Address 4450 Camino Real

City Sarasota State FL Zip Code 34231-3430

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
03 / 06 / 2013
Transaction ID : **AD1B818E69D874B1A87F**

Amount of Each Receipt this Period
500.00

B. 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 Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 06 / 2013
Transaction ID : **AB82DA8C15660484B9BD**

Amount of Each Receipt this Period
1000.00

C. Misty D. Caudell
Full Name (Last, First, Middle Initial)

Mailing Address 1097 Glenwood Dr

City Gainesville State GA Zip Code 30501-2315

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

Name of Employer Dermatology Associates of Northeast Ge Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 06 / 2013
Transaction ID : **A89221C40963645078B4**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 44
	<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. Michael D. Zanolli
Full Name (Last, First, Middle Initial)

Mailing Address 513 Fairfax Ave

City Nashville State TN Zip Code 37212-4010

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

Name of Employer Heritage Medical Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 06 / 2013
Transaction ID : A89DA08AF8EE74E50B9A

Amount of Each Receipt this Period 5000.00

B. Alan Rolfe
Full Name (Last, First, Middle Initial)

Mailing Address 944 Hanover Ave

City Norfolk State VA Zip Code 23508-1227

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

Name of Employer Pariser Dermatology Specialists Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2013
Transaction ID : ADA29B5D0DC174E22ACB

Amount of Each Receipt this Period 250.00

C. Robert D. Durst Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5501 SW Moundview Dr

City Topeka State KS Zip Code 66610-2322

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

Name of Employer Dermatology PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 06 / 2013
Transaction ID : A72F8A3F8F2714DD6AE9

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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 44
<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. Dirk Michael Elston
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Clearview Dr
 City Danville State PA Zip Code 17821-9115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quest Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2013**
Transaction ID : AE5DE9D74125E4F24BCA
 Amount of Each Receipt this Period **1000.00**

B. 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 Baptist Health Systems Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 08 / 2013**
Transaction ID : A26A47150AF6147A3B2E
 Amount of Each Receipt this Period **100.00**

c. Hazle Smith Konerding
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Cyril Ln
 City Henrico 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 **500.00**

Date of Receipt **03 / 08 / 2013**
Transaction ID : A298DA277734741469C9
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1600.00
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 44
	<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 LI Skin Cancer Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2013
Transaction ID : A7B39C7CAC0EE42158B4

Amount of Each Receipt this Period
500.00

B. 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 Self-Employed Occupation 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
 03 / 08 / 2013
Transaction ID : A393AB92803214D3E9CB

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 Surgery Group of Northern Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : ADB5DF8629E714AA39B2

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 44
	<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 G. Greenberg
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Norris Canyon Rd Suite 130

City San Ramon	State CA	Zip Code 94583-5410
-------------------	-------------	------------------------

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
03	/	11	/	2013

Transaction ID : A66F5E3FBFDD44D0E874

Amount of Each Receipt this Period
250.00

B. Henry W. Clever
Full Name (Last, First, Middle Initial)

Mailing Address 375 Jung Station Rd

City Saint Charles	State MO	Zip Code 63303-6253
-----------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
03	/	12	/	2013

Transaction ID : ACDAEDF8598494920B1F

Amount of Each Receipt this Period
250.00

C. Simon S. Yoo
Full Name (Last, First, Middle Initial)

Mailing Address 3712 N. Troy St # 1n

City Chicago	State IL	Zip Code 60618-4506
-----------------	-------------	------------------------

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

Name of Employer NMFF	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
03	/	14	/	2013

Transaction ID : A2BB309768F6B47ED965

Amount of Each Receipt this Period
500.00

March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 44
<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. 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 Faculty Medical Office 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
 03 / 14 / 2013

Transaction ID : AEDE157262DE24BEBBD3

Amount of Each Receipt this Period
 250.00

B. Craig N. Burkhart
Full Name (Last, First, Middle Initial)

Mailing Address 104 Teagan Ct

City Chapel Hill State NC Zip Code 27516-4372

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

Name of Employer The Univ of NC at Chapel Hill Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2013

Transaction ID : A7C1C1CC9518444DFBDF

Amount of Each Receipt this Period
 500.00

c. Christopher J. Arpey
Full Name (Last, First, Middle Initial)

Mailing Address 200 1st St SW
Dept OF

City Rochester State MN Zip Code 55905-0001

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

Name of Employer Mayo Clinic 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
 03 / 14 / 2013

Transaction ID : A54F9917E64D046ECB6A

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 44
	<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. Ilona J. Frieden
Full Name (Last, First, Middle Initial)

Mailing Address 811 Paramount Rd

City Oakland State CA Zip Code 94610-2436

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

Name of Employer University of California Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2013

Transaction ID : AA7844FDD7BE746B8BBC

Amount of Each Receipt this Period
 300.00

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2013

Transaction ID : A5FC2696F2D944D21A4F

Amount of Each Receipt this Period
 500.00

March 2013 Mailing

C. Jonathan S. Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 2848 Rangewood Ter NE

City Atlanta State GA Zip Code 30345-1581

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

Name of Employer Gwinnett Dermatology, PC 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
 03 / 17 / 2013

Transaction ID : A1579915019434B3180A

Amount of Each Receipt this Period
 500.00

March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 18 OF 44
(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"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. Karen E. Burke
Full Name (Last, First, Middle Initial)
Mailing Address 429 E 52nd St
City New York State NY Zip Code 10022-6430
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 03 / 18 / 2013
Transaction ID : A21374E3EC5D44DC6AB0
Amount of Each Receipt this Period 500.00

B. Faris Hawit
Full Name (Last, First, Middle Initial)
Mailing Address 9600 Covenant Ct
City Owings State MD Zip Code 20736-3336
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 03 / 19 / 2013
Transaction ID : A76BAFDE844A84376989
Amount of Each Receipt this Period 250.00
March 2013 Mailing

C. Beth Rigel
Full Name (Last, First, Middle Initial)
Mailing Address 300 E 85th St Apt 1604
City New York State NY Zip Code 10028-4594
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation planner
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 21 / 2013
Transaction ID : AE3C964FF181B4F928AD
Amount of Each Receipt this Period 1000.00

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 19 OF 44
	<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. Joseph J. Zaladonis Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1610 Knollwood Rd
 City Bethlehem State PA Zip Code 18015-5531
 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 **03 / 22 / 2013**
Transaction ID : A19B36E0159E148588DF
 Amount of Each Receipt this Period **250.00**
 March 2013 Mailing

B. Aaron Addison Westphal
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 Martys Rd
 City Boone State NC Zip Code 28607-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boone Dermatology Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 22 / 2013**
Transaction ID : A55A00848952445D3BDD
 Amount of Each Receipt this Period **250.00**
 March 2013 Mailing

C. Omar Torres
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 W. 54th St Apt 11e
 City New York State NY Zip Code 10019-5536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cosmetic Surgery and Dermatology PLLC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **03 / 22 / 2013**
Transaction ID : A9FB2B3C4E6A14EC79A1
 Amount of Each Receipt this Period **275.00**
 March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....	775.00
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 44
	<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. Richard Robert Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 2556 N NC Highway 119

City Mebane State NC Zip Code 27302-9371

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

Name of Employer Burlington Dermatology Center Inc. Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2013
Transaction ID : A83BE40006328453DA4E

Amount of Each Receipt this Period 250.00

March 2013 Mailing

B. Richard James Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 2115 Royal Dr

City Winterville State NC Zip Code 28590-9149

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

Name of Employer Eastern Dermatology & Pathology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2013
Transaction ID : A1345BEC493C640B986D

Amount of Each Receipt this Period 250.00

March 2013 Mailing

C. Michael Rebert Warner
Full Name (Last, First, Middle Initial)

Mailing Address 10002 Prestwich Ter

City Ijamsville State MD Zip Code 21754-9601

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 ▼ 450.00

Date of Receipt 03 / 22 / 2013
Transaction ID : A1159FE1BE2CB4CCBDE

Amount of Each Receipt this Period 450.00

March 2013 Mailing

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00

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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Richard Lawrence Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Tallmadge Gate
 City State Zip Code
 Setauket NY 11733-1418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 22 / 2013
Transaction ID : A6DE9156D77244660962
 Amount of Each Receipt this Period
 500.00
 March 2013 Mailing

B. Alan R. Shalita
 Full Name (Last, First, Middle Initial)
 Mailing Address 70 E. 77th St Apt 9b
 City State Zip Code
 New York NY 10075-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SUNY Downstate Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 22 / 2013
Transaction ID : AA4C22EF9F33148FA81A
 Amount of Each Receipt this Period
 500.00
 March 2013 Mailing

c. Gary L. Marder
 Full Name (Last, First, Middle Initial)
 Mailing Address 9580 S. U.S. Hwy 1 Suite 19
 City State Zip Code
 Port Saint Lucie FL 34952-4217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 03 / 22 / 2013
Transaction ID : ACADB82FB721E4D2A837
 Amount of Each Receipt this Period
 500.00
 March 2013 Mailing

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 22 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Jared M. Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 3672 E Alta Ridge Ct
 City Boise State ID Zip Code 83716-7120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Idaho Skin Surgery Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **03 / 23 / 2013**
Transaction ID : A8988B2A33DEF420FBE2
 Amount of Each Receipt this Period **225.00**
 March 2013 Mailing

B. Wayne A. Fagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Ocean Dr Apt 902a
 City Corpus Christi State TX Zip Code 78404-2112
 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 **03 / 25 / 2013**
Transaction ID : A87B4C9AB5EFD40DFA92
 Amount of Each Receipt this Period **250.00**
 March 2013 Mailing

C. J. William Holtze
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Woodland Ave
 City Des Moines State IA Zip Code 50312-1946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Iowa Clinic PC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 26 / 2013**
Transaction ID : A16DF98037B0E409B9D3
 Amount of Each Receipt this Period **500.00**
 March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....	975.00
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 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Carmen Myrie Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 9005 Stoneleigh Ct
 City State Zip Code
 Fairfax VA 22031-3243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 26 / 2013
Transaction ID : A5B377826203F4BD8A42
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

B. Mark A. Liska
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Edgerton Dr # 1
 City State Zip Code
 North Falmouth MA 02556-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dermatology of Cape Cod Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 26 / 2013
Transaction ID : AE8073D767E6644E5952
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

C. Patrick M. Hatfield
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2276
 City State Zip Code
 Batesville AR 72503-2276
 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
 03 / 26 / 2013
Transaction ID : A43B463770300460B8A1
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

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 25 OF 44
	<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. Sharon Foster Gardepe
 Full Name (Last, First, Middle Initial)
 Mailing Address 11106 Argent Dr SE
 City Huntsville State AL Zip Code 35803-1652
 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
 03 / 26 / 2013
Transaction ID : AAFA98BC43DD0466D8A9
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

B. Richard Charles Connors
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Perryridge Rd
 City Greenwich State CT Zip Code 06830-4648
 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
 03 / 26 / 2013
Transaction ID : A8B2E292D0EE84E51AD3
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

C. Terry P. Hadley
 Full Name (Last, First, Middle Initial)
 Mailing Address 32 Hugh Cargill Rd
 City Concord State MA Zip Code 01742-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of Concord, Inc
 Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 03 / 26 / 2013
Transaction ID : ACCAD466959A149CC89D
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

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 26 OF 44
	<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. Amy S. Pappert
Full Name (Last, First, Middle Initial)

Mailing Address 947 Spring Run Ln

City Martinsville State NJ Zip Code 08836-2102

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

Name of Employer UMDNJ - Robert Wood Johnson Medical Sc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2013
Transaction ID : AC05F86032DA14A35B4D

Amount of Each Receipt this Period
250.00

March 2013 Mailing

B. Sharon L. Horton
Full Name (Last, First, Middle Initial)

Mailing Address 1049 E. Wilson St Suite 190

City Batavia State IL Zip Code 60510-2478

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

Name of Employer Advanced Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 26 / 2013
Transaction ID : A5D5A9C6837E547DC985

Amount of Each Receipt this Period
300.00

March 2013 Mailing

C. Michele M. Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 1825 NW 24th Pl

City Portland State OR Zip Code 97210-2541

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

Name of Employer Univ of California San Francisco Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2013
Transaction ID : A1747E536DE6345C6A50

Amount of Each Receipt this Period
250.00

March 2013 Mailing

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 27 OF 44
	<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. Ronald H. Falcon
Full Name (Last, First, Middle Initial)

Mailing Address 38 Prescott St

City Lido Beach State NY Zip Code 11561-5110

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

Name of Employer Island Dermatology, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 26 / 2013
Transaction ID : **AF00D69D104984D5E9DC**

Amount of Each Receipt this Period
250.00

March 2013 Mailing

B. Sandra Marchese Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1170 N. Main St

City Greenwood State AR Zip Code 72936-6708

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

Name of Employer Johnson Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 27 / 2013
Transaction ID : **AC724F026EB444A7893B**

Amount of Each Receipt this Period
500.00

March 2013 Mailing

C. Brad R. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 1170 N. Main St

City Greenwood State AR Zip Code 72936-6708

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

Name of Employer Johnson Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 27 / 2013
Transaction ID : **A208BFFA54195457DB52**

Amount of Each Receipt this Period
500.00

March 2013 Mailing

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 28 OF 44
	<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. Mary B. Toporcer
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Ashton Ct

City Doylestown State PA Zip Code 18902-1945

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: 03 / 28 / 2013
Transaction ID : A8BB29C97256E470A86A

Amount of Each Receipt this Period: 250.00

March 2013 Mailing

B. John Paul Anders
Full Name (Last, First, Middle Initial)

Mailing Address 4370 Bonnie Brook Rd

City Ottawa Hills State OH Zip Code 43615-2302

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

Name of Employer: Anders Dermatology Inc. Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 03 / 28 / 2013
Transaction ID : AD6A5CFD47513444BB21

Amount of Each Receipt this Period: 380.00

March 2013 Mailing

C. Robert R. Tawil
Full Name (Last, First, Middle Initial)

Mailing Address 3741 W Neptune St

City Tampa State FL Zip Code 33629-5118

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: 03 / 28 / 2013
Transaction ID : A5BF9099DB62F4AB9B27

Amount of Each Receipt this Period: 500.00

March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....▶	1130.00
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 44
	<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. Maria C. Mariencheck
 Full Name (Last, First, Middle Initial)
 Mailing Address 58 Dovecrest Cv
 City Jackson State TN Zip Code 38305-6908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Jackson Clinic Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2013
Transaction ID : A8B2F7F13F10245449FD
 Amount of Each Receipt this Period 1000.00
 March 2013 Mailing

B. Brian T. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3930 Executive Dr
 City Palm Harbor State FL Zip Code 34685-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trinity Dermatology and Aesthetic Cent Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2013
Transaction ID : A04E973195EDB43A3873
 Amount of Each Receipt this Period 250.00
 March 2013 Mailing

C. Scott C. Rackett
 Full Name (Last, First, Middle Initial)
 Mailing Address 433 1st St
 City Manhattan Beach State CA Zip Code 90266-6530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2013
Transaction ID : A784FD6280FFC46599CE
 Amount of Each Receipt this Period 250.00
 March 2013 Mailing

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 30 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Donald R. Seidel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5032 Oak Timber Dr
 City State Zip Code
 Tulsa OK 74131-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Tulsa Dermatology Clinic Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 29 / 2013
Transaction ID : A0FA68895047642FF91A
 Amount of Each Receipt this Period
 250.00
 March 2013 Mailing

B. J. Matthew Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 S Phelps Ave
 City State Zip Code
 Winter Park FL 32789-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Knight Dermatology Institute Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 29 / 2013
Transaction ID : ABE6E0D01BDB34673A34
 Amount of Each Receipt this Period
 1000.00
 March 2013 Mailing

C. Barry C. Ginsburg
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Gerald Way
 City State Zip Code
 Mountain Brk AL 35223-1125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Employed Dermatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 30 / 2013
Transaction ID : A7B5F84822BF34FEAA38
 Amount of Each Receipt this Period
 100.00
 March 2013 Mailing

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 31 OF 44
(check only one)	
<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"/>	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Diane M. Bernardi

Mailing Address 12277 County Road E35

City State Zip Code
Bryan OH 43506-8309

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

Name of Employer Occupation
Parkview Health Montpelier Clinic Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2013

Transaction ID : A6D7E09917BA048479E1

Amount of Each Receipt this Period
200.00

March 2013 Mailing

B. 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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	42431.00

**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 32 OF 44
<input 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 checked="" 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. Citizens for Harkin
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 811
City Des Moines State IA Zip Code 50304-0811
FEC ID number of contributing federal political committee. **C** S4IA00020
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 18 / 2013
Transaction ID : A0E87CF5046654F0C94C
Amount of Each Receipt this Period
2500.00
Refund check, not running for re-election

B.
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 Y
Amount of Each Receipt this Period

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 Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement
VS/MC Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : B3EC008D420C14921AA9

Amount of Each Disbursement this Period

491.04

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : BB80AFA8412A54A9880C

Amount of Each Disbursement this Period

356.49

C. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement
Aristotle Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2013

Transaction ID : B1EE31DAE57E2413092C

Amount of Each Disbursement this Period

518.80

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

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

1366.33

1366.33

**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. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Rep. Kevin Mccarthy

Office Sought: House
 Senate
 President

State: CA District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : BD5FCCCCB4633435C897

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

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

Category/
Type

Date of Disbursement

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

Transaction ID : B87D5210DDEE845949C0

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Rosa Delauro

Mailing Address 12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

Rep. Rosa L. DeLauro

Office Sought: House
 Senate
 President

State: CT District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : B8739C3D7DB184859BC1

Amount of Each Disbursement this Period

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

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

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

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

2	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. Pascrell for Congress Inc.

Mailing Address POB 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought: House
 Senate
 President

State: NJ District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2013

Transaction ID : B3CF24C45219A477E955

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name

Rep. Phil Gingrey

Office Sought: House
 Senate
 President

State: GA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

Transaction ID : BE29F8A95BD5846C2B2D

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Nita Lowey for Congress

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement

Candidate Name

Rep. Nita M. Lowey

Office Sought: House
 Senate
 President

State: NY District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : B9E4814FC75D440C5B69

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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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. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 904

City DUNN State NC Zip Code 28335

Purpose of Disbursement

Candidate Name

Rep. Renee L. Ellmers

Office Sought: House
 Senate
 President

State: NC District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : BEE20077B55F143EB87E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HAL ROGERS FOR CONGRESS

Mailing Address P.O. BOX 1214

City SOMERSET State KY Zip Code 42502

Purpose of Disbursement

Candidate Name

Rep. Hal Rogers

Office Sought: House
 Senate
 President

State: KY District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : B751329175EC24CF2AD8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ADRIAN SMITH FOR CONGRESS

Mailing Address 3321 AVENUE I
SUITE 6

City SCOTTSBLUFF State NE Zip Code 69361

Purpose of Disbursement

Candidate Name

Rep. Adrian M. Smith

Office Sought: House
 Senate
 President

State: NE District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 01 / 2013

Transaction ID : B6837734B087647FF926

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. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

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

Transaction ID : B8116461B6F68417FB45

Amount of Each Disbursement this Period

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

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

Candidate Name

Rep. David B. McKinley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

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

Transaction ID : B5652220E160744BA931

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement

Candidate Name

Rep. Greg Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

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

Transaction ID : B92E5372390CC485597F

Amount of Each Disbursement this Period

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

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

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

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

5	5	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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

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

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : B0E965FE0D511421E83C

Amount of Each Disbursement this Period

15000.00

B. Kind for Congress Committee

Mailing Address 205 5th Avenue South Suite 428

City La Crosse State WI Zip Code 54601-4059

Purpose of Disbursement

Candidate Name

Rep. Ron J. Kind

Office Sought: House Senate President

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

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : B2D86BC68FD534F57815

Amount of Each Disbursement this Period

1000.00

C. Allyson Schwartz for Congress

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046-0832

Purpose of Disbursement

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House Senate President

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

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : B419F47696EF34E84886

Amount of Each Disbursement this Period

2500.00

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

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

18500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Matheson for Congress

Mailing Address PO Box 521048
Suite A

City State Zip Code
Salt Lake City UT 84152-1048

Purpose of Disbursement

Candidate Name

Rep. Jim D. Matheson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : BBE47D87FCFC40FB938

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for Congress

Mailing Address 8550 United Plaza Blvd.
Suite 1001

City State Zip Code
Baton Rouge LA 70809

Purpose of Disbursement

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2013

Transaction ID : BC89E7937A93941F2A7A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2013

Transaction ID : B1814B5F8C7364385B6F

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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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. LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name

Rep. Lynn Jenkins

Office Sought: House Senate President

State: KS District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2013

Transaction ID : **B57A2593623F745C6822**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402-2133

Purpose of Disbursement

Candidate Name

Rep. Jack Kingston

Office Sought: House Senate President

State: GA District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 25 / 2013

Transaction ID : **BDD042176BB844741864**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Benishek for Congress

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement

Candidate Name

Daniel J Benishek

Office Sought: House Senate President

State: MI District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2013

Transaction ID : **B1C5CF5C18A284CEABF1**

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)
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 Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement

Candidate Name

Rep. Joe R. Pitts

Office Sought: House
 Senate
 President

State: PA District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : B84C45885ADF14B1CBF0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name

Rep. Phil Gingrey

Office Sought: House
 Senate
 President

State: GA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2013

Transaction ID : B11FCBF0A6CA44E998A8

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048-5018

Purpose of Disbursement

Candidate Name

Rep. Henry A. Waxman

Office Sought: House
 Senate
 President

State: CA District: 30

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2013

Transaction ID : BABCB4A2CE48443D5A8E

Amount of Each Disbursement this Period

2500.00

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

8000.00

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. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name

Rep. Vern Buchanan

Office Sought: House
 Senate
 President

State: FL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : BF0C92E4A9A5B476F8D5

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Friends for Jim McDermott

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111-3786

Purpose of Disbursement

Candidate Name

Rep. Jim McDermott

Office Sought: House
 Senate
 President

State: WA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : B9BAB3AB7A363491C8DE

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. GRASSROOTS ORGANIZING ACTING & LEADING PAC - GOALPAC

Mailing Address PO BOX 30344

City BETHESDA State MD Zip Code 20824

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

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

Category/
Type

Date of Disbursement

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

Transaction ID : B1453BE831FAF43EDBC4

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	.	0	0
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