

# 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.

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)    -

2. **FEC IDENTIFICATION NUMBER** ▼  **CITY** ▲  **STATE** ▲  **ZIP CODE** ▲

3. IS THIS REPORT  **NEW (N)** OR  **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)  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  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

11 / 25 / 2014 through 12 / 31 / 2014

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 *Steven Debnar* [Electronically Filed] Date  /  /

01 / 15 / 2015

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

Office Use Only							
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**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="2014"/>	<input type="text" value="202587.02"/>	<input type="text" value="202587.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="73843.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23624.33"/>	<input type="text" value="798339.61"/>
(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="97467.68"/>	<input type="text" value="100926.63"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3342.01"/>	<input type="text" value="906800.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="94125.67"/>	<input type="text" value="94125.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21600.99	744519.08
(ii) Unitemized .....	2023.34	50993.17
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23624.33	795512.25
(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) .....	23624.33	795512.25
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	2827.36
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))..... ▶	23624.33	798339.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23624.33	798339.61

**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 .....	842.01	19404.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	842.01	19404.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	810500.00
24. Independent Expenditures (use Schedule E) .....	0.00	48706.15
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	1190.00
(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	1190.00
29. Other Disbursements .....	0.00	27000.00
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)) ..	3342.01	906800.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3342.01	906800.96

**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) .....	23624.33	795512.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1190.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23624.33	794322.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	842.01	19404.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	842.01	19404.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<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. Reagan Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5439 Lester Aly

City Colorado Springs	State CO	Zip Code 80924-8147
--------------------------	-------------	------------------------

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

Name of Employer Colorado Dermatology Institute	Occupation Dermatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : 4F98AC14B9FC4F1BC0FD**

Amount of Each Receipt this Period  

83.33
-------

**B. Reagan Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8580 Scarborough Dr Ste 225

City Colorado Springs	State CO	Zip Code 80920-7586
--------------------------	-------------	------------------------

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

Name of Employer Colorado Dermatology Institute	Occupation Dermatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2014

**Transaction ID : 04377B76-6561-46A3-**

Amount of Each Receipt this Period  

100.00
--------

**C. Reagan Anderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5439 Lester Aly

City Colorado Springs	State CO	Zip Code 80924-8147
--------------------------	-------------	------------------------

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

Name of Employer Colorado Dermatology Institute	Occupation Dermatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
933.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 4225972D86DDCDDAFFAF**

Amount of Each Receipt this Period  

83.33
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
	<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. Paula M. Bevilacqua**  
Full Name (Last, First, Middle Initial)

Mailing Address 677 S Main St

City Cheshire State CT Zip Code 06410-3158

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 ▼ 400.00

Date of Receipt  
12 / 29 / 2014  
Transaction ID : 9D8A313E-5B7D-4D45-

Amount of Each Receipt this Period  
200.00

**B. Jean L. Bologna**  
Full Name (Last, First, Middle Initial)

Mailing Address 140 Patten Rd

City North Haven State CT Zip Code 06473-2830

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

Name of Employer Yale Medical School Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 23 / 2014  
Transaction ID : 47B348036CC17FD7C88

Amount of Each Receipt this Period  
300.00

**C. Clarence William Brown Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6049 N Claremont Ave

City Chicago State IL Zip Code 60659-5257

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

Name of Employer Univ Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
12 / 04 / 2014  
Transaction ID : BA4B3B78A40FB9DC134

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 23  
(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. Misty D. Caudell**

Mailing Address 9097 W Post Rd

City Las Vegas State NV Zip Code 89148-2449

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

Name of Employer Thomas Dermatology Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 351.00

Date of Receipt  
 12 / 30 / 2014  
**Transaction ID : 578ADEEE-A965-4095-**

Amount of Each Receipt this Period  
 251.00

Full Name (Last, First, Middle Initial)  
**B. Holly L. F. Christman**

Mailing Address 490 Post St Ste 700

City San Francisco State CA Zip Code 94102-1415

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

Name of Employer Dermatology Medical Group of San Franc Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 12 / 04 / 2014  
**Transaction ID : 09BCBA4B-6BDB-4432-**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Thomas P. Chu**

Mailing Address 520 Trinity Creek Cv

City Cordova State TN Zip Code 38018-2279

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

Name of Employer Cosmetic & Surgical Dermatology Occupation Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 12 / 26 / 2014  
**Transaction ID : BCCADE3B-908A-4C5B-**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1001.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<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. 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 **5000.00**

Date of Receipt **12 / 04 / 2014**  
**Transaction ID : 9501965DBFCDA41CE48**  
 Amount of Each Receipt this Period **500.00**

**B. Scott Andrew Buckta Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10215 SW Hall Blvd Ste A  
 City Tigard State OR Zip Code 97223-8809  
 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 **12 / 28 / 2014**  
**Transaction ID : 18530B5E-D5DB-4410-**  
 Amount of Each Receipt this Period **500.00**

**C. Anne H. Dacko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 E 19th St Apt 7C  
 City New York State NY Zip Code 10003-2611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 12th Street Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 11 / 2014**  
**Transaction ID : 47CDE23B-E82D-45F3-**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<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. Jeffrey I. Ellis**  
Full Name (Last, First, Middle Initial)

Mailing Address 79 Hillside Ln

City New Hyde Park State NY Zip Code 11040-2505

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

Name of Employer Belary Dermatology Inc Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
12 / 18 / 2014  
Transaction ID : 5EF4A15C-2C57-479E-

Amount of Each Receipt this Period  
5000.00

**B. Dirk Michael Elston**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 Baintree Rd

City Bryn Mawr State PA Zip Code 19010-1613

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

Name of Employer Ackerman Academy of Dermatopathology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
12 / 19 / 2014  
Transaction ID : 992815523D2816F8192

Amount of Each Receipt this Period  
220.00

**C. Christopher D. Ewanowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 4651 Van Dyke Rd

City Lutz State FL Zip Code 33558-4880

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

Name of Employer Suncoast Skin Solutions Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 09 / 2014  
Transaction ID : F1452158-78D5-47C7-

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6220.00

**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 23
	<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. Diane S. Ford**  
Full Name (Last, First, Middle Initial)

Mailing Address 68 Thomas Johnson Dr  
Unit C

City Frederick State MD Zip Code 21702-4501

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

Name of Employer Clearview Professional Condominium Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
11 / 30 / 2014  
Transaction ID : **3B2EECC4-9A94-4003-**

Amount of Each Receipt this Period  
500.00

**B. Ilona J. Frieden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1701 Divisadero St  
Department of Dermatology, FI 3

City San Francisco State CA Zip Code 94115-3011

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

Name of Employer Univ of California Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
12 / 20 / 2014  
Transaction ID : **C2C19C68-0F84-412D-**

Amount of Each Receipt this Period  
150.00

**C. Jared Samuel Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 640 Forest Hills Dr

City Atlanta State GA Zip Code 30342-2483

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

Name of Employer Marietta Dermatology Associates Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 19 / 2014  
Transaction ID : **412FBE60CF0040ABA36**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**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 23
	<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. Dee Anna Glaser**  
Full Name (Last, First, Middle Initial)

Mailing Address 2315 Dougherty Ferry Rd  
Ste 200C

City Saint Louis State MO Zip Code 63122-3383

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

Name of Employer Saint Louis University Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
12 / 22 / 2014  
**Transaction ID : 42B5E586-0D71-408D-**

Amount of Each Receipt this Period  
1000.00

**B. David Goldman**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 N Swall Dr  
PH 10

City Beverly Hills State CA Zip Code 90211-4722

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

Name of Employer Facey Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
583.31

Date of Receipt  
12 / 13 / 2014  
**Transaction ID : 4D849549050C364C204F**

Amount of Each Receipt this Period  
83.33

**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 ▼  
595.00

Date of Receipt  
12 / 04 / 2014  
**Transaction ID : 260225C645FE4B0B748**

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1128.33

**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 23
	<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. Keith J. Haar**  
Full Name (Last, First, Middle Initial)

Mailing Address 7964 W Expedition Way

City Peoria State AZ Zip Code 85383-1615

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

Name of Employer Arrowhead Dermatology 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  
 12 / 31 / 2014

**Transaction ID : 474C5012-F082-4591-**

Amount of Each Receipt this Period  
 1000.00

**B. Shannon I. Heck**  
Full Name (Last, First, Middle Initial)

Mailing Address 4160 N 55th Pl

City Phoenix State AZ Zip Code 85018-4525

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

Name of Employer Southwest Skin Specialists Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2014

**Transaction ID : F001CA61D7D012E13A8**

Amount of Each Receipt this Period  
 200.00

**C. Yolanda Rosi Helfrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Pittsview Dr

City Ann Arbor State MI Zip Code 48108-2902

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

Name of Employer Univ of Michigan, Dermatology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014

**Transaction ID : 4A579D5DEF97AB122D90**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
	<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. Christine Kannler**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 E Bare Hill Rd

City Harvard State MA Zip Code 01451-1852

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

Name of Employer Foundation Skin Surgery & Dermatology Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 23 / 2014  
Transaction ID : 03D9B0086E874BDA9CA

Amount of Each Receipt this Period 500.00

**B. Alexander P. Kowalczyk**  
Full Name (Last, First, Middle Initial)

Mailing Address 895 SW 30th Ave Ste 101

City Pompano Beach State FL Zip Code 33069-4887

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 12 / 29 / 2014  
Transaction ID : 2CCB08FC-DE92-4786-

Amount of Each Receipt this Period 300.00

**C. Erica Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 E 60th St Dermatology Divide

City New York State NY Zip Code 10022-1096

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

Name of Employer Memorial Sloan-Kettering Cancer Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2014  
Transaction ID : D317A5FC-6DCF-4BD6-

Amount of Each Receipt this Period 300.00

**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 15 OF 23
	<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. Stuart R. Lessin**  
Full Name (Last, First, Middle Initial)

Mailing Address 191 Cardiff Ln

City Haverford State PA Zip Code 19041-1052

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

Name of Employer KGL Skin Study Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2014

**Transaction ID : 939BAE2E-9106-47C8-**

Amount of Each Receipt this Period  
**260.00**

**B. Matthew John Mahlberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 776 W Eisenhower Blvd

City Loveland State CO Zip Code 80537-3157

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

Name of Employer Lake Loveland Dermatology 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  
 12 / 28 / 2014

**Transaction ID : 6C05AD33-DE70-4E4A-**

Amount of Each Receipt this Period  
**500.00**

**C. Ellen S. Marmur**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 E 87th St Apt 1A

City New York State NY Zip Code 10128-0501

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

Name of Employer Marmur Medical Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014

**Transaction ID : 48D0A8C7-61BF-4EE7-**

Amount of Each Receipt this Period  
**375.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1135.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
<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. 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2014  
**Transaction ID : 07B2737DAF5CFAC3DCD**  
 Amount of Each Receipt this Period  
 100.00

**B. 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014  
**Transaction ID : 4E52AD4C1F5741D5A2B7**  
 Amount of Each Receipt this Period  
 100.00

**C. Susan Teri McGillis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 Harrisburg Ave Ste 4  
 City Lancaster State PA Zip Code 17603-2974  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DermaSurgery Center Occupation Physician/President  
 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  
 12 / 15 / 2014  
**Transaction ID : F248006E-1C18-4BE0-**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Alexandria Meccia</b>		Date of Receipt
Mailing Address 7520 Ridgewood Ln		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Burr Ridge	IL	60527-5159
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3115CFE3946F84240DE</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Dermatology Associates of La Grange	Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Patricia O'Hare</b>		Date of Receipt
Mailing Address 1050 7th Ave SW		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Albany	OR	97321-1924
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 89D36428-E15F-43E0-</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Patricia O'Hare MD LLC	Dermatologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Christine Poblete-Lopez</b>		Date of Receipt
Mailing Address 37827 Briar Lakes Dr		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Avon	OH	44011-2190
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : EC6B9ED9E7C7C1A6823</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Cleveland Clinic Foundation	Dermatologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1100.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Marisa Potter**

Mailing Address 21205 NE 37th Ave  
Apt 310

City Aventura State FL Zip Code 33180-4052

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

Name of Employer: Advanced Dermatology & Cosmetic Surgeon  
Occupation: Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 14 / 2014  
**Transaction ID : E9F77365-4EC4-427A-**

Amount of Each Receipt this Period  
260.00

Full Name (Last, First, Middle Initial)  
**B. Matthew R. Ricks**

Mailing Address 5316 SW 40th Ter

City Topeka State KS Zip Code 66610-2409

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

Name of Employer: Stormont-Vail HealthCare  
Occupation: Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.63

Date of Receipt  
11 / 25 / 2014  
**Transaction ID : 42829979501DBB4BDA53**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**C. Matthew R. Ricks**

Mailing Address 5316 SW 40th Ter

City Topeka State KS Zip Code 66610-2409

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

Name of Employer: Stormont-Vail HealthCare  
Occupation: Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
916.63

Date of Receipt  
12 / 25 / 2014  
**Transaction ID : 499EBFBEA50D51BF5ADD**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	426.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 23
<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. 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 ▼ 2350.00

Date of Receipt  
12 / 23 / 2014  
Transaction ID : 04E2A17B444620F0ACF

Amount of Each Receipt this Period  
850.00

**B. John J. Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 W. 17th Street

City Pueblo State CO Zip Code 81003

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  
12 / 29 / 2014  
Transaction ID : 6E66A7715C1DFE72600

Amount of Each Receipt this Period  
1000.00

**C. 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 ▼ 5000.00

Date of Receipt  
12 / 04 / 2014  
Transaction ID : 3F0AF9EA628CA9E8C2E

Amount of Each Receipt this Period  
572.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2422.34

**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 23
	<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. William G. Stebbins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 719 Thompson Ln  
 Department of Dermatology, Ste 263  
 City Nashville State TN Zip Code 37204-4679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Univ Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 3ADC5166-5979-480C-**  
 Amount of Each Receipt this Period  
 300.00

**B. Charles B. Stoer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4525 SW 13th Street  
 City Gainesville State FL Zip Code 32608  
 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 ▼ 3200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2014  
**Transaction ID : CBEB152069132A33611**  
 Amount of Each Receipt this Period  
 400.00

**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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2014  
**Transaction ID : EC947D92EAB15FA9C64**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 23
	<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. Sarolta Szabo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1547 Meyerwood Ln

City Highlands Ranch State CO Zip Code 80129-1814

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

Name of Employer Alta Vista Dermatology 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  
 11 / 29 / 2014

**Transaction ID : 87B4C2B1-8A8A-4FE8-**

Amount of Each Receipt this Period  
 500.00

**B. Adam Taintor**  
Full Name (Last, First, Middle Initial)

Mailing Address 9450 S 1300 E

City Sandy State UT Zip Code 84094-5555

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

Name of Employer Alta View Dermatology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : 7EAF1072-FA94-4FE1-**

Amount of Each Receipt this Period  
 251.00

**C. Melanie Tolley Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 39W340 Preston Circle

City Geneva State IL Zip Code 60134

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

Name of Employer American Academy of Dermatology Occupation Senior Director

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  
 12 / 23 / 2014

**Transaction ID : BCA3F96F25D0B551651**

Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1051.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21600.99

**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  
VS/MC Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 10 / 2014

**Transaction ID : V12B17A48D813C43E650**

Amount of Each Disbursement this Period

842.01

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

842.01

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

842.01

# 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. Gop Generation Y Fund

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Gop Generation Y Fund**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2014

**Transaction ID : 72AE5067051CE58898F**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

2500.00
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