

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 / /

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

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Steven Debnar *[Electronically Filed]* Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="157033.61"/>	<input type="text" value="157033.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="110162.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64228.26"/>	<input type="text" value="93711.18"/>
(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="174390.42"/>	<input type="text" value="250744.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86790.53"/>	<input type="text" value="163144.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="87599.89"/>	<input type="text" value="87599.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	58902.33	84762.66
(ii) Unitemized	5325.93	8948.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64228.26	93711.18
(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)	64228.26	93711.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	64228.26	93711.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64228.26	93711.18

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	790.53	1144.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	790.53	1144.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	86000.00	162000.00
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)) ..	86790.53	163144.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86790.53	163144.90

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)	64228.26	93711.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64228.26	93711.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	790.53	1144.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	790.53	1144.90

**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 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Lindsay Ackerman
Full Name (Last, First, Middle Initial)

Mailing Address 6250 N 51st Pl

City Paradise Valley State AZ Zip Code 85253-4133

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

Name of Employer Medical Dermatology Specialists Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 3C823FEA-45A7-4BFA-

Amount of Each Receipt this Period 250.00

Memo Item

B. Rex A. Amonette
Full Name (Last, First, Middle Initial)

Mailing Address 1455 Union Ave

City Memphis State TN Zip Code 38104-6727

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

Name of Employer Memphis Dermatology Clinic, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 03 / 2016
Transaction ID : DE8747B5-8514-450A-

Amount of Each Receipt this Period 5000.00

Memo Item

C. Lisa L. Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1417 Harmony Ln

City Annapolis State MD Zip Code 21409-5720

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

Name of Employer Anne Arundel Dermatology Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 04 / 2016
Transaction ID : 2F006B93-6FAC-4A5F-

Amount of Each Receipt this Period 365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5615.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Philip G. Barton
 Full Name (Last, First, Middle Initial)
 Mailing Address 3233 SW 33rd Rd
 Ste 101
 City Ocala State FL Zip Code 34474-8468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ocala Dermatology-Skin Cancer Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2016
Transaction ID : 5C575861-1AFD-4F7F-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 02 / 26 / 2016
Transaction ID : AD4807DD-2E8F-4B07-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. C. Paul Brooke
 Full Name (Last, First, Middle Initial)
 Mailing Address 2860 Channing Way
 Ste 121
 City Idaho Falls State ID Zip Code 83404-7532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Idaho Falls Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2016
Transaction ID : B4AE448A02D8CF00C1D
 Amount of Each Receipt this Period 250.00
 Memo Item

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 8 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

A. Karen E. Burke
Full Name (Last, First, Middle Initial)

Mailing Address 1 Beekman Pl

City New York State NY Zip Code 10022-8057

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 02 / 24 / 2016
Transaction ID : C87C66058265BDA3D54

Amount of Each Receipt this Period 250.00

Memo Item

B. Jeffrey Phillip Callen
Full Name (Last, First, Middle Initial)

Mailing Address 4516 Ivy Crest Cir

City Louisville State KY Zip Code 40241-6436

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

Name of Employer Univ of Louisville Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2016
Transaction ID : 0BA96CB236E052AFBFD

Amount of Each Receipt this Period 1000.00

Memo Item

C. Carolyn Bialecki Carroll
Full Name (Last, First, Middle Initial)

Mailing Address 75 Ridgewood Ave

City North Haven State CT Zip Code 06473-4441

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

Name of Employer Dermatology Physicians of Connecticut Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2016
Transaction ID : 00292B90-805C-4EEB-

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roger I. Ceilley
Full Name (Last, First, Middle Initial)

Mailing Address 6000 UMV Avenue, #450

City W. Des Moines State IA Zip Code 50266

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

Name of Employer Dermatology, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 24 / 2016
Transaction ID : **B92BF7643B9A90CDDC3**

Amount of Each Receipt this Period 1000.00

Memo Item

B. Stephen W. Clark
Full Name (Last, First, Middle Initial)

Mailing Address 6801 Laurel Valley Dr

City Fort Worth State TX Zip Code 76132-4471

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

Name of Employer Clark Phamaceuticals Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2016
Transaction ID : **0439495600DF5A63493**

Amount of Each Receipt this Period 1000.00

Memo Item

C. William Luther Coker Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 200 Wendwood Dr

City Newport News State VA Zip Code 23602-7529

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 02 / 24 / 2016
Transaction ID : **A9570AA1BDDC6BE8193**

Amount of Each Receipt this Period 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Andrew Cowan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1283 Beechwood Blvd
 City Pittsburgh State PA Zip Code 15206-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BHS Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **02 / 08 / 2016**
Transaction ID : C4F299FB6F5B07E4537
 Amount of Each Receipt this Period **200.00**
 Memo Item

B. Foy W. Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1142
 City Penn Valley State CA Zip Code 95946-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sutter North Medical Group Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : 304CB9A577A86864EAC
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. Dayna G. Diven
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 Old Course Dr
 City Austin State TX Zip Code 78732-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of Texas at Austin-Dell Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 24 / 2016**
Transaction ID : E0208D11194EBD82881
 Amount of Each Receipt this Period **500.00**
 Memo Item

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 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jacqueline C. Dolev
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 Webster St
 Ste 411
 City San Francisco State CA Zip Code 94115-2379
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : 05F38980-E931-48BA-
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Jeanine B. Downie
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Park Street
 City Montclair State NJ Zip Code 07042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Image Dermatology PC Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2016
Transaction ID : EA6EB03A9B6266FE5AC
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Karen E. Edison
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Hospital Dr
 Department of Dermatology, Rm MA11
 City Columbia State MO Zip Code 65212-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of Missouri Medical Center 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
 02 / 28 / 2016
Transaction ID : 6F6F4111-2BB3-4F10-
 Amount of Each Receipt this Period
 500.00
 Memo Item

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 12 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patrick Robert Feehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 584 Northlawn Dr
 City Lancaster State PA Zip Code 17603-2381
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 9B9E0072440BF29677F
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Katherine H. Fiala
 Full Name (Last, First, Middle Initial)
 Mailing Address 2290 River Ranch Rd
 City Temple State TX Zip Code 76502-4248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Scott & White Memorial Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : 482962F4F38BF0370AA
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Joshua L. Fox
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 I U Willets Rd
 City Albertson State NY Zip Code 11507-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Dermatology PC 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
 02 / 01 / 2016
Transaction ID : 702F9593-5FED-40D1-
 Amount of Each Receipt this Period
 500.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. R. John Fox Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7705 Valburn Dr
 City Austin State TX Zip Code 78731-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Dermcare Occupation Physician
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : C6BC72EADA2F9242AF3
 Amount of Each Receipt this Period
 251.00
 Memo Item

B. David E. Geist
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Aylesbury Rd
 City Worcester State MA Zip Code 01609-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Adult & Pediatric Dermatology Occupation Physician
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 23 / 2016
Transaction ID : 134C09AE-BE4A-438B-
 Amount of Each Receipt this Period
 1000.00
 Memo Item

c. Jane Margaret Grant-Kels
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 South Rd
 Dept of
 City Farmington State CT Zip Code 06032-2482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Connecticut Health Center Occupation Dermatologist
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2016
Transaction ID : A4AE54CE-DC61-4B4B-
 Amount of Each Receipt this Period
 251.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1502.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7820 Mary Cassatt Dr

City Potomac State MD Zip Code 20854-3227

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 ▼
1250.00

Date of Receipt
02 / 03 / 2016
Transaction ID : 85D36DB1B32403F3C93

Amount of Each Receipt this Period
1250.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Ann F. Haas

Mailing Address 1020 29th St Ste 570A

City Sacramento State CA Zip Code 95816-5126

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

Name of Employer Occupation
Ft Sutter Dermatology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 05 / 2016
Transaction ID : B3568F43-A53A-4EA2-

Amount of Each Receipt this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Terry P. Hadley

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 Occupation
Self Employed Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 24 / 2016
Transaction ID : E36AB25D05747C03197

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Irwin Hametz
Full Name (Last, First, Middle Initial)

Mailing Address 22 Fairhill Rd

City Edison State NJ Zip Code 08817-2961

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

Name of Employer Hametz and Picascia Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 17D80BF33DA01AC5E3E

Amount of Each Receipt this Period 250.00

Memo Item

B. 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 ▼ 250.00

Date of Receipt 02 / 08 / 2016
Transaction ID : 217D9F0878BAB9A57CD

Amount of Each Receipt this Period 125.00

Memo Item

C. Hillary Johnson-Jahangir
Full Name (Last, First, Middle Initial)

Mailing Address 200 Hawkins Dr Derm 40036 Pfp

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer U of IA Hosp & Clinics Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016
Transaction ID : 1AA5E6EB-AEE9-48B6-

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald E. Kern
Full Name (Last, First, Middle Initial)

Mailing Address 6928 96th Ave SE

City Mercer Island	State WA	Zip Code 98040-5406
-----------------------	-------------	------------------------

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

Name of Employer The Polyclinic	Occupation Physician
------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : 7CB850FA9B2C1756F2F

Amount of Each Receipt this Period
 251.00

Memo Item

B. Don Friday King
Full Name (Last, First, Middle Initial)

Mailing Address 7937 Painter Ave

City Whittier	State CA	Zip Code 90602-2414
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FEC ID number of contributing federal political committee. **C**

Name of Employer Preferred Dermatology	Occupation Medical Doctor
-------------------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : 84376B41-E6D2-4040-

Amount of Each Receipt this Period
 500.00

Memo Item

C. Carrie L. Kovarik
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Spruce St
Department of Derm 2 Maloney Build

City Philadelphia	State PA	Zip Code 19104-4211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of Pennsylvania	Occupation Dermatologist
------------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 11 / 2016
Transaction ID : 5A63ACD1-4DD0-49AD-

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1051.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mark Lebwohl
Full Name (Last, First, Middle Initial)

Mailing Address 300 E 85th St
Apt 2505

City New York State NY Zip Code 10028-4641

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

Name of Employer Mount Sinai Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 22 / 2016
Transaction ID : **96EC6C91CC948A2C58B**

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 25 Edge Hill Rd

City Chestnut Hill State MA Zip Code 02467-1170

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

Name of Employer Greater Metro West Derm Surgeons, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
02 / 22 / 2016
Transaction ID : **2A15DCF05EFC51FCA0B**

Amount of Each Receipt this Period
250.00

Memo Item

C. Barry Leshin
Full Name (Last, First, Middle Initial)

Mailing Address 1450 Professional Park Dr
Ste 150

City Winston Salem State NC Zip Code 27103-1307

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

Name of Employer The Skin Surgery Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 09 / 2016
Transaction ID : **7ED4612C-2A6F-4AAE-**

Amount of Each Receipt this Period
1000.00

Memo Item

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 18 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Frederick A. Lupton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1587 Yanceyville St
 City Greensboro State NC Zip Code 27405-6933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lupton Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : 6FB59FD2-8F07-419E-
 Amount of Each Receipt this Period **600.00**
 Memo Item

B. Mary C. Martini
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E Ohio St Apt 4003
 City Chicago State IL Zip Code 60611-4565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Univ. Medical Center Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 17 / 2016**
Transaction ID : 58EED488069863E2A9A
 Amount of Each Receipt this Period **1000.00**
 Memo Item

C. Renee J. Mathur
 Full Name (Last, First, Middle Initial)
 Mailing Address 913 Menoher Blvd
 City Johnstown State PA Zip Code 15905-2834
 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 **02 / 24 / 2016**
Transaction ID : 49B540CB-DD40-46EE-
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **2600.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Matthew John Meier
 Full Name (Last, First, Middle Initial)
 Mailing Address 8615 Wellsley Ct
 City Montgomery State OH Zip Code 45249-3406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2016
Transaction ID : 77E118B2019E5DF7C1E
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Alexander Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 17451 Bastanchury Rd Ste 103A
 City Yorba Linda State CA Zip Code 92886-1871
 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 02 / 24 / 2016
Transaction ID : FF6862C5-DADE-4380-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Mary Alice Mina
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Maddox Dr NE
 City Atlanta State GA Zip Code 30309-2735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Dermatologic Surgery Centers P Occupation Mohs Surgeons
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2016
Transaction ID : A89AC8CB2D5311E5C56
 Amount of Each Receipt this Period 250.00
 Memo Item

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 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Charles Mount
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Tanglewood Dr
 City Wexford State PA Zip Code 15090-8687
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allegheny Professional Building Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 09 / 2016
Transaction ID : D5D5210E-616F-4AB0-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. David J. Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 680 E Main St Ste 201
 City Lehi State UT Zip Code 84043-2251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Valley Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 17 / 2016
Transaction ID : E1084026-47F3-4215-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Douglas Norman Naversen
 Full Name (Last, First, Middle Initial)
 Mailing Address 260 Surrey Drive
 City Jacksonville State OR Zip Code 97530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology & Laser Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2016
Transaction ID : 555B5656D389F49B08D
 Amount of Each Receipt this Period 250.00
 Memo Item

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 21 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Peter B. Odland
Full Name (Last, First, Middle Initial)

Mailing Address 4400 52nd Avenue, NE

City Seattle	State WA	Zip Code 98105
-----------------	-------------	-------------------

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

Name of Employer Skin Surgery Center	Occupation Physician
-----------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016

Transaction ID : 277FF6D3316BDBE7DFC

Amount of Each Receipt this Period
1000.00

Memo Item

B. Thomas George Olsen
Full Name (Last, First, Middle Initial)

Mailing Address 7835 Paragon Rd.

City Dayton	State OH	Zip Code 45419-4021
----------------	-------------	------------------------

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

Name of Employer Dermpath Lab of Central States	Occupation Physician
----------------------------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2016

Transaction ID : 3E60A01D245509D3696

Amount of Each Receipt this Period
5000.00

Memo Item

C. Nishit Sharadchandra Patel
Full Name (Last, First, Middle Initial)

Mailing Address 12901 Bruce B Downs Blvd
Department of Dermatology and Cuta

City Tampa	State FL	Zip Code 33612-4742
---------------	-------------	------------------------

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

Name of Employer University of South Florida Morsani Co	Occupation Dermatologist
------------------------------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2016

Transaction ID : 842400F0-508F-44D4-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 22 OF 42
(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. Payal V. Patel
Full Name (Last, First, Middle Initial)
Mailing Address 3522 Aberdeen Way
City Houston State TX Zip Code 77025-1951
FEC ID number of contributing federal political committee. **C**
Name of Employer Complete Dermatology Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 17 / 2016
Transaction ID : D6FD82F0AB4D634D96C
Amount of Each Receipt this Period 250.00
 Memo Item

B. Angela R. Peterman
Full Name (Last, First, Middle Initial)
Mailing Address 877 B and A Blvd Ste 100
City Severna Park State MD Zip Code 21146-4701
FEC ID number of contributing federal political committee. **C**
Name of Employer Anne Arundel Dermatology Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 02 / 26 / 2016
Transaction ID : F35E6A13-3F35-45CC-
Amount of Each Receipt this Period 500.00
 Memo Item

C. Robert Bruce Posnick
Full Name (Last, First, Middle Initial)
Mailing Address 505 W Hollis St Ste 111
City Nashua State NH Zip Code 03062-1387
FEC ID number of contributing federal political committee. **C**
Name of Employer Nashua Dermatology Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 251.00

Date of Receipt 02 / 10 / 2016
Transaction ID : FAF14816-F182-482F-
Amount of Each Receipt this Period 251.00
 Memo Item

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 23 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Desiree Ratner
Full Name (Last, First, Middle Initial)

Mailing Address 325 W 15th St

City New York State NY Zip Code 10011-5903

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

Name of Employer Beth Israel Cancer Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2016
Transaction ID : 62D80BBE-A0BA-4AF5-

Amount of Each Receipt this Period 500.00

Memo Item

B. Howard D. Rosenman
Full Name (Last, First, Middle Initial)

Mailing Address 1569 Doe Trail Ln

City Yardley State PA Zip Code 19067-4055

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

Name of Employer Rosenman and Levanthol PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2016
Transaction ID : D190A2DAFA20A8C9CC

Amount of Each Receipt this Period 500.00

Memo Item

C. Adam Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Spruce St
2 Maloney Building

City Philadelphia State PA Zip Code 19104-4211

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

Name of Employer UPHS Dept of Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 27 / 2016
Transaction ID : DC9932D7-6632-4B75-

Amount of Each Receipt this Period 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yulianna E. Russak
Full Name (Last, First, Middle Initial)

Mailing Address 115 E 57th St
Ste 1220

City New York State NY Zip Code 10022-2117

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

Name of Employer Russak Dermatology Clinic Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 12 / 2016
Transaction ID : **CC128CFC-99A6-4E73-**

Amount of Each Receipt this Period
300.00

Memo Item

B. Cindy Firkins Smith
Full Name (Last, First, Middle Initial)

Mailing Address 611 137th Ave NW

City Spicer State MN Zip Code 56288-9373

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

Name of Employer Affiliated Community Medical Center Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 11 / 2016
Transaction ID : **5FEA9EE9-1F07-4446-**

Amount of Each Receipt this Period
500.00

Memo Item

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 ▼
416.66

Date of Receipt
02 / 08 / 2016
Transaction ID : **03D40C8E66D9106BF82**

Amount of Each Receipt this Period
208.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1008.33
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 25 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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
02 / 25 / 2016
Transaction ID : 835FB0A8010BA6C1F09

Amount of Each Receipt this Period
500.00

Memo Item

B. Stephen R. Tan
Full Name (Last, First, Middle Initial)

Mailing Address 3547 Crestmoor Dr

City Woodbury State MN Zip Code 55125-5028

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

Name of Employer HealthPartners Specialty Center Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 27 / 2016
Transaction ID : 468CBD12-EE25-4740-

Amount of Each Receipt this Period
400.00

Memo Item

c. Michael D. Tharp
Full Name (Last, First, Middle Initial)

Mailing Address 1653 W Congress Pkwy
220 Annex Building

City Chicago State IL Zip Code 60612-3833

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

Name of Employer Rush Univ Medical Center Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 16 / 2016
Transaction ID : F89EADCA-3D46-4140-

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 MetroHealth System Occupation Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 25 / 2016**
Transaction ID : 0041524C95525B090ED
 Amount of Each Receipt this Period **5000.00**
 Memo Item

B. Robert Raymond Walther
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 Park Ave
 City New York State NY Zip Code 10128-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Presbyterian Hospital Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : C6E853FB5FEF3E57A50
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Michael Rebert Warner
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 Upper College Ter
 City Frederick State MD Zip Code 21701-4818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Cosmetic & Skin Surgery Center Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : 79F16F7E7F563BA8E36
 Amount of Each Receipt this Period **500.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. L. Arthur Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 2655 Little Bookcliff Dr
 City Grand Junction State CO Zip Code 81501-8801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain West Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 28 / 2016**
Transaction ID : F1AC440D-48AA-42F2-
 Amount of Each Receipt this Period **500.00**
 Memo Item

B. Kaylan L. Weese
 Full Name (Last, First, Middle Initial)
 Mailing Address 2440 NW Edenbower Blvd
 City Roseburg State OR Zip Code 97471-8847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Roseburg Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 26 / 2016**
Transaction ID : 42030DFE-D360-4022-
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Elaine Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Cary Avenue
 City Highland Park State IL Zip Code 60035-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Dermatology Occupation Executive Director & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 12 / 2016**
Transaction ID : D0BF1623999BFCE57B9
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jonathan S. Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2383 Pate St N
 City Snellville State GA Zip Code 30078-3250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gwinnett Dermatology, PC Dermatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 26 / 2016
Transaction ID : A08E5561-4B52-47F7-
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Allan S. Wirtzer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4836 Van Nuys Blvd
 City Sherman Oaks State CA Zip Code 91403-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MidValley Dermatology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 19 / 2016
Transaction ID : 8A343895-B7C6-4459-
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Daniel David Witheiler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1411 N Beckley Ave
 Pavilion 3 Suite 470
 City Dallas State TX Zip Code 75203-1259
 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 ▼
 2500.00

Date of Receipt
 02 / 16 / 2016
Transaction ID : B1EB7EEC-61A3-441D-
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Gary S. Wood
 Full Name (Last, First, Middle Initial)
 Mailing Address S. S. Park Street, Floor 7
 City Madison State WI Zip Code 53715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Wisconsin Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 26 / 2016
Transaction ID : F9239C3019D09820B46
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. David A. Wrone
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Littlebrook Rd
 City Princeton State NJ Zip Code 08540-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Princeton Dermatology Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 22 / 2016
Transaction ID : 09238317EFF8B4BF34E
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Paul Steven Yamauchi
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Santa Monica Blvd Ste 1160W
 City Santa Monica State CA Zip Code 90404-2120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Santa Monica Dermatology Medical Group Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 26 / 2016
Transaction ID : B2DB6ACC-924F-47F8-
 Amount of Each Receipt this Period 500.00
 Memo Item

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 30 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : 0391D1873439A044B0B
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Nathalie C. Zeitouni
 Full Name (Last, First, Middle Initial)
 Mailing Address 8044 N 15th Dr
 City Phoenix State AZ Zip Code 85021-5406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arizona Cancer Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2016
Transaction ID : 5E9AD2525526D48B142
 Amount of Each Receipt this Period
 500.00
 Memo Item

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
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	58902.33

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Amex Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V74B306F12C412A8DF94

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
VS/MC Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V2E82524DB32A279BD8F

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Beto O'Rourke for Congress Committee

Mailing Address 500 West Overland, Box Bb

City El Paso State TX Zip Code 79901

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Beto F. O'Rourke

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 16

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : B3861B66567E5BE3FFD

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Blue Dog Political Action Committee

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Blue Dog Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 87FF93CB75A8F071E23

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Blumenthal for Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Richard Blumenthal

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 080D34C569890E5E150

Amount of Each Disbursement this Period

1500.00

Memo Item

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

7500.00

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. Buddy Carter for Congress

Mailing Address 200 E St Julian St Suite 603

City Savannah State GA Zip Code 31401

Purpose of Disbursement
2016 Primary

011

Candidate Name

Earl L. B. Carter

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 7986748D8160CFDA545

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Chc Bold PAC

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Chc Bold PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 68EA855CC62E6A61FEB

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Engel for Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708-2306

Purpose of Disbursement
2016 Primary

011

Candidate Name

Eliot Lance Engel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 168BDEDD28AC519A23E

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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 Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

David Patrick Joyce

Office Sought: House Senate President
State: OH District: 14

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 5FDDD3B892B5FDD4217

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Raja for Congress

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

S. Raja Krishnamoorthi

Office Sought: House Senate President
State: IL District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 00110BFF817823D924A

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Sam Johnson

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Samuel Robert Johnson

Office Sought: House Senate President
State: TX District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 39803C601224491BA8D

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Raymond Eugene Green

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 7136B8E00AC9F045785

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hal Rogers for Congress

Mailing Address PO Box 1214

City Somerset State KY Zip Code 42502

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Harold D. Rogers

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 05

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : 11D3CDF4E363AF0B2E2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : EA677928734F4E3D438

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11000.00

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. Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Lane Hudson Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 7269FD2FE51473038A7

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jenkins for Congress

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement
2016 Primary

011

Candidate Name

Evan H. Jenkins

Category/
Type

Office Sought: House
 Senate
 President
State: WV District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : 19DA0DCF748CBEE4F2D

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Julia Brownley for Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
2016 Primary

011

Candidate Name

Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 16543461BEFC283ECB0

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Kevin Owen McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : 47F7B75EE001C263530

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kirk for Senate

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Mark Steven Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 64CE02AF935920E3188

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Majority Committee PAC--Mc PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : ED02C8DA48307F99A2E

Amount of Each Disbursement this Period

5000.00

Memo Item

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

12500.00

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. Michael Burgess for Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202-2334

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Michael Clifton Burgess

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

/ /

Transaction ID : 479100AFB54E60ADC30

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Morgan Griffith for Congress

Mailing Address PO Box 361

City State Zip Code
Christiansburg VA 24068

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
H. Morgan Griffith

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: VA District: 09

Date of Disbursement

/ /

Transaction ID : 35FC135B4C100A31B45

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 700 13th Street, NW
Suite 600

City State Zip Code
Washington DC 20005

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name
New Democrat Coalition PAC

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District: Contribution

Date of Disbursement

/ /

Transaction ID : 8E09189986C9071D39A

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

New Pioneers PAC

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : AF2D19A78C026E9E618

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496-6381

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Peter Graham Olson

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: TX District: 22

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : DACD8878EF0C8CC800C

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PAC To the Future

Mailing Address 700 13th Street, NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

PAC To the Future

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2016

Transaction ID : 9F00B238462C52A0BC8

Amount of Each Disbursement this Period

2500.00

Memo Item

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 19F70B44B96C5BC4F51

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Patricia Lynn Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : 84BBFFFB64BC3D91B54

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Republican Mainstreet Partnership PAC

Mailing Address C/O G & W 2201 Wisconsin Ave., NW
Suite 320

City State Zip Code
Washington DC 20007

Purpose of Disbursement
2016 Contribution

011

Category/
Type

Candidate Name

Republican Mainstreet Partnership PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2016

Transaction ID : FADDA2DD996F935C119

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Peter James Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

/ /

Transaction ID : F759EC223CBAFC594BD

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Murphy for Congress

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
2016 Primary

Category/
Type

Candidate Name

Timothy Francis Murphy

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

/ /

Transaction ID : CDC1A2CC70507CA592F

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Tuesday Group Political Action Committee

Mailing Address 209 Pennsylvania Avenue, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
2016 Contribution

Category/
Type

Candidate Name

Tuesday Group Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

/ /

Transaction ID : FC20B0742116CAC4EAD

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2016 General

Category/
Type

Candidate Name
Fredrick Stephen Upton

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

/ /

Transaction ID : F1A321486F0A409FBAB

Amount of Each Disbursement this Period

Memo Item

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

/ /

Amount of Each Disbursement this Period

Memo Item

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

/ /

Amount of Each Disbursement this Period

Memo Item

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

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