

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00359539 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 03 / 01 / 2017 through 03 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Debnar, Steven, , ,
Type or Print Name of Treasurer

Signature of Treasurer Debnar, Steven, , , [Electronically Filed] Date 04 / 18 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>	<input type="text" value="94098.99"/>	<input type="text" value="94098.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="180731.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="95689.40"/>	<input type="text" value="360453.05"/>
(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="276420.48"/>	<input type="text" value="454552.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="130910.21"/>	<input type="text" value="309041.77"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="145510.27"/>	<input type="text" value="145510.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	85296.32	318863.64
(ii) Unitemized	10393.08	41589.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	95689.40	360453.05
(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)	95689.40	360453.05
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)).....▶	95689.40	360453.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	95689.40	360453.05

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	4910.21	6541.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4910.21	6541.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	114000.00	290500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	12000.00	12000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	130910.21	309041.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	130910.21	309041.77

DETAILED SUMMARY PAGE
of Disbursements

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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)	95689.40	360453.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95689.40	360453.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4910.21	6541.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4910.21	6541.77

**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 67
<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. Abuav, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3231 Dona Emilia Dr
 City Studio City State CA Zip Code 91604-4312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars-Sinai Medical Group Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 14 / 2017
Transaction ID : 4E730F6E289D2DF59D2
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Adamson, Adewole, Shomari, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Market Street Suite 400
 City Chapel Hill State NC Zip Code 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNC Department of Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 04EECFDB39928209A2B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Adelson, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 E 26th Pl
 City Tulsa State OK Zip Code 74114-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health and Science University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 02CF5380A354562F4BA
 Amount of Each Receipt this Period 250.00
 Memo Item

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 7 OF 67
	<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. Adelson, David, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2121 E 26th Pl
 City Tulsa State OK Zip Code 74114-4216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Health and Science University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 941B3315926D2217E92
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Algazi, Mireille, Claude, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7534 E Camino Amistoso
 City Tucson State AZ Zip Code 85750-7068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Camp Lowell Specialists Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 30 / 2017
Transaction ID : 42E28A9F342566EFB01C
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Altman, Emily, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Bear Brook Ln
 City Livingston State NJ Zip Code 07039-4708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 0063FE61-71D3-485D-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 8 OF 67
	<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. Altmayer, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 Aurora St
 City Lancaster State NY Zip Code 14086-3253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riverbend Medical Group Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2017
Transaction ID : 49427E41-4F00-40DC-
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Barsky, Bonnie, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1626 Ravine Ter
 City Highland Park State IL Zip Code 60035-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology of Partner of North Shore Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 38DF1A1AAB8FD808B12
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Bhatia, Neal, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9025 Balboa Ave Ste 105
 City San Diego State CA Zip Code 92123-1523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Therapeutics Clinical Research Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 03 / 06 / 2017
Transaction ID : 7EEA9151-FFB9-422A-
 Amount of Each Receipt this Period 1001.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1801.00
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 67
<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. Brennan, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 Tree Blvd
 City Saint Augustine State FL Zip Code 32084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Towne Centre for Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 723A31E610E39955EF9
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brodell, Robert, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Chadwyck Pl
 City Madison State MS Zip Code 39110-6508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2017
Transaction ID : 0FDD54D8BA2A9D7C78C
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Brooke, C., Paul, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 S. Woodruff Avenue Suite 12A
 City Idaho Falls State ID Zip Code 83404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Idaho Falls Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : FFA49342A572EE981FC
 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 10 OF 67
<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. Brown, Lance, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 W 15th Street
 City New York State NY Zip Code 10011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 46D355D9275BF99819A
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Brown, Marc, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Cheshire Rdg
 City Victor State NY Zip Code 14564-8982
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 024CAA575672EC5CAE5
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Buckley, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 475 Brickell Ave Apt 5607
 City Miami State FL Zip Code 33131-2716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : F10EECB7-18B3-4B15-
 Amount of Each Receipt this Period 500.00
 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 11 OF 67
<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. Burkemper, Nicole, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1755 S Grand Blvd
 Dept of
 City Saint Louis State MO Zip Code 63104-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Louis Univ School of Medicine Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 04 / 2017
Transaction ID : C31B248A-6A36-4B54-
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Burkemper, Nicole, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1755 S Grand Blvd
 Dept of
 City Saint Louis State MO Zip Code 63104-1540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Louis Univ School of Medicine Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2017
Transaction ID : E179213B-575E-470C-
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Burkhart, Craig, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 104 Teagan Ct
 City Chapel Hill State NC Zip Code 27516-4372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Univ of NC at Chapel Hill Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : EA77C7BBA5FCAD5EFE6
 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 12 OF 67
<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. Burnett, Steven, Mark, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1545 Mound Street
 City Sarasota State FL Zip Code 34236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Burnett Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2017
Transaction ID : 9704E1CD9E014EC9010
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Burns, Carrine, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 Lower Flying Point Rd
 City Freeport State ME Zip Code 04032-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bates Mill Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 50ED37947B7ADFEAAE8
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Burns, George, Edward, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 871
 City Crystal Beach State FL Zip Code 34681-0871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2017
Transaction ID : C14EF82B6098C1D9CE4
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1375.00
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 67
	<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. Butterwick, Kimberly, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9339 Genesee
 City San Diego State CA Zip Code 92121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Cosmetic Laser Associates Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2017
Transaction ID : C4E135BC520882D9C2C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Casey, Angela, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 County Line Rd W
 City Westerville State OH Zip Code 43082-7294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Surgical Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 6E1A7BF1-41EC-40C8-
 Amount of Each Receipt this Period 251.00
 Memo Item

c. Chappell, Robert, Lane, , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5001 Pepperidge Pl
 City Odessa State TX Zip Code 79761-2224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2017
Transaction ID : 179D6D03DAB58FE858C
 Amount of Each Receipt this Period 250.00
 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 14 OF 67
	<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. Clark, Justin, Wayne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4809 103rd St
 City Lubbock State TX Zip Code 79424-5723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lubbock Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 1AD6733379EDA52823C
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Coker, William, Luther, , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Manhattan Sq
 City Hampton State VA Zip Code 23666-5843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2017
Transaction ID : B4601FC0-8FC4-4CB7-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Coldiron, Brett, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1105 River Hill Dr
 City Covington State KY Zip Code 41011-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Skin Cancer Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt 03 / 16 / 2017
Transaction ID : CE1A98D66C3E96D42AD
 Amount of Each Receipt this Period 416.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1416.67
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 67
<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. Cronin, Terrence, A., , JR.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1399 S Harbor City Blvd.

City Melbourne	State FL	Zip Code 32901
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Cronin Skin Cancer Center	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2017

Transaction ID : 29B296B12FF2F1B12C1

Amount of Each Receipt this Period
5000.00

Memo Item

B. Davis, Betty, Ann Hinderks, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14420 W Meeker Blvd Ste 104

City Sun City West	State AZ	Zip Code 85375-5287
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Dermatologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

Transaction ID : DE534534-7791-496E-

Amount of Each Receipt this Period
500.00

Memo Item

C. Davis, Carrie, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1200 S Rogers St

City Bloomington	State IN	Zip Code 47403-4792
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Dermatology Center of Southern Indiana	Occupation (for Individual) Dermatologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2017

Transaction ID : DD8231E8-3F66-4E4F-

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
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 67
<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. Davis, Valerie, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 504 S Orange Street
 City New Smyrna Beach State FL Zip Code 32168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00

Date of Receipt 03 / 07 / 2017
Transaction ID : 55376C643DFB763FF80
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Deignan, Eileen, Matilda, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 290 Baker Ave
 City Concord State MA Zip Code 01742-2189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1100.00

Date of Receipt 03 / 29 / 2017
Transaction ID : A6999CA5-2616-47F8-
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Ehrlich, Alison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2150 Pennsylvania Ave NW Dept Of Dermatology, Ste 2B-430
 City Washington State DC Zip Code 20037-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) George Washington Univ Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 12 / 2017
Transaction ID : A60A289B-B58F-43F4-
 Amount of Each Receipt this Period 250.00
 Memo Item

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: (check only one)	PAGE 17 OF 67
	<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. Elston, Dirk, Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 135 Rutledge Ave
 Dept Of Dermatology & Dermatologic
 City Charleston State SC Zip Code 29425-8903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Univ of South Carolina Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 251.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 9E155709-C27B-4504-
 Amount of Each Receipt this Period 251.00
 Memo Item

B. Epstein, John, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Sutter St
 Rm 1306
 City San Francisco State CA Zip Code 94108-4002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epstein and Tuffanelli, MD's Inc. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 30 / 2017
Transaction ID : 7134E4B3-7C17-4A95-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ferringer, Tammie, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 170 County Line Rd
 City Danville State PA Zip Code 17821-9153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Med Ctr Dept of Lab Medicine Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 70E62FE17DBF9820DD5
 Amount of Each Receipt this Period 500.00
 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 18 OF 67
	<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. Freeman, Scott, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Midtown Park E
 City Mobile State AL Zip Code 36606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunrise Dermatology, LLC Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2017
Transaction ID : A8155D32D7FCAA06ADD
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Friesen, Shawn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 New York Avenue
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy Of Dermatology Occupation (for Individual) Director, Legislative, Political & Gra
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 67F6C941360DACDBA04
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Furukawa, Betsy, Joann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1648 Country Club Dr
 City Redlands State CA Zip Code 92373-7371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 8A2177013FD2F10072C
 Amount of Each Receipt this Period 1000.00
 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 19 OF 67
<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. Gardner, Erin, Scott, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 315 Dickson St

City Kirkwood	State MO	Zip Code 63122-4631
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dermatology Specialists of St. Louis	Occupation (for Individual) Dermatologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2017

Transaction ID : 999E73F4643A13CD944

Amount of Each Receipt this Period
1000.00

Memo Item

B. Gharia, Manish, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 765 Safer Ct

City Brookfield	State WI	Zip Code 53045-6783
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Madison Medical Affiliates	Occupation (for Individual) Dermatologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

Transaction ID : 9FEC48B441D83E8B6DE

Amount of Each Receipt this Period
250.00

Memo Item

C. Gladsjo, Julie, Akiko, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1318 Calle Scott

City Encinitas	State CA	Zip Code 92024-5531
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) North Coast Dermatology	Occupation (for Individual) Dermatologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

Transaction ID : 3B6628E93826687EA12

Amount of Each Receipt this Period
1000.00

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 20 OF 67
<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. Glazer, Alex, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 E 35th St
 Suite 208
 City New York State NY Zip Code 10016-3823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 60DA3E13C6C88EA27C0
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Glazer, Scott, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2839 Woodmere Dr
 City Northbrook State IL Zip Code 60062-6446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Glazer Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 5E2B7CCDC7D1936C3B2
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Glick, Brad, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7590 Old Thyme Ct
 # 10C
 City Parkland State FL Zip Code 33076-3903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LECOMT/Larkin Community Hosp-Palm Spri Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 35E451842791F802888
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5750.00
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 67
<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. Golomb, Roger, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Winston Dr
 City Belleair State FL Zip Code 33756-1646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Clearwater Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 2288C6BCD95347E3CED
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Graves, Michael, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4419 Frontier Trail
 City Austin State TX Zip Code 78745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Skin and Cancer Clinic Occupation (for Individual) Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 8A7A12BAABFD7820D2B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Greenway, Hubert, T., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 946
 City Rancho Santa Fe State CA Zip Code 92067-0946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scripps Clinic Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : C837030EDAE02BA18F4
 Amount of Each Receipt this Period 1000.00
 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 22 OF 67
<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. Grimwood, Ronald, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2308 Deerfield Dr
 City Temple State TX Zip Code 76502-7913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Scott & White Memorial Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2017
Transaction ID : 1B7FF9F22215B3189E6
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Gunn, Victoria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 Turnberry Dr
 City Jefferson City State MO Zip Code 65109-4528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ Physicians Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 8ECD15EEB4FC39F892B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Hametz, Irwin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Hametz and Picascia Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2017
Transaction ID : FF84C14CA7D299678FE
 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 23 OF 67
	<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. Hamill, John, R., , JR.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3477 Shoreline Cir
 City Palm Harbor State FL Zip Code 34684-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gulf Coast Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2017
Transaction ID : 2F1D27C112A86B00A08
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Hanlon, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 719 Thompson Lane
 City Nashville State TN Zip Code 37204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : 4BCFCA8ED154B4F980C
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Helfrich, Yolanda, Rosi, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Univ of Michigan Occupation (for Individual) Dermatologist
 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
 03 / 16 / 2017
Transaction ID : EB25B09D0EF56B8BE68
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1125.00
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 67
<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. Hendi, Ali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2901 Audubon Ter NW
 City Washington State DC Zip Code 20008-2311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2017
Transaction ID : 39CC58EFECB12EBD1B9
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Henry, Lance, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1596 Steele Rd
 City Springdale State AR Zip Code 72762-6305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Dermatology & Skin Cancer Cen Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 16 / 2017
Transaction ID : 5822AA1142619FDA1C5
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. Hinshaw, Molly, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4671 Signature Dr
 City Middleton State WI Zip Code 53562-2364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of WI School of Medicine an Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 27 / 2017
Transaction ID : 91028AD4-BD9A-4E9B-
 Amount of Each Receipt this Period 500.00
 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 25 OF 67
<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. Hochman, Herbert, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 Park Ave
 City New York State NY Zip Code 10028-0913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 27 / 2017
Transaction ID : 7C2FEC55-C606-49C5-
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Jarell, Abel, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Little Shore Dr
 City Madison State NH Zip Code 03849-5514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : CDEEA38A5F29A699F5B
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Johnson, Beverly, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Sarah Dr
 City Silver Spring State MD Zip Code 20904-2147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 28 / 2017
Transaction ID : C7C37612998741FA6BC
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 67
<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. Kattine, Albert, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 31st Ave N
 Apt 901
 City Nashville State TN Zip Code 37203-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Murfreesboro Medical Clinic Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 6FECF3CB8DE9431A8B8
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Khorasani, Hooman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 E 85th St
 Fl 5
 City New York State NY Zip Code 10028-3135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai School of Medicine Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 10 / 2017
Transaction ID : 0346449E-20AC-4D55-
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Kling, Christopher, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16759 Main St
 Ste 201
 City Wildwood State MO Zip Code 63040-1232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 03 / 29 / 2017
Transaction ID : 6EFF9F13-2407-4A44-
 Amount of Each Receipt this Period 251.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3051.00
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 67
<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. Knight, J., Matthew, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 Via Tuscany
 City Winter Park State FL Zip Code 32789-1237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Knight Dermatology Institute Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2017
Transaction ID : 6DC0D6A919E16283CAF
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Konerding, Hazle, Smith, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Cyril Ln
 City Richmond State VA Zip Code 23229-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Commonwealth Dermatology PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : A1962C6C30D8DCAA4DE
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Kostuchenko, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3129 Allerton Lake Dr
 City Winston Salem State NC Zip Code 27106-4481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westgate Dermatology and Laser Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2017
Transaction ID : D1C86DDC8F38F57B93B
 Amount of Each Receipt this Period 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	6400.00
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 67
<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. Kourosh, Arianne, Shadi, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Emerson Pl
 Apt 910
 City Boston State MA Zip Code 02114-2284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) Dermatology Resident
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : 4894D4983FD78A8C156
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Krell, James, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 Essex Rd
 City Birmingham State AL Zip Code 35222-3730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Skin & Beauty Dermatology Center Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : 200D05B336B36AAE578
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Lake, Mark, Adrian, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 822 W 625 S
 City Lafayette State IN Zip Code 47909-8942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Dermatology Inc Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 21 / 2017
Transaction ID : 4CCF4C1BC77FB1D4323
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 67
<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. Laumann, Anne, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 E Huron St
 Apt 2705
 City Chicago State IL Zip Code 60611-3930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Dept Northwestern Univ. Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2017
Transaction ID : E75B15FB-29D3-4E81-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Leonard, Aimee, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 Crestview Cir
 City Longmeadow State MA Zip Code 01106-2326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New England Dermatology and Laser Cent Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2017
Transaction ID : B6A58AA6D08A53D3DB8
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Licata, Anita, Goodrich, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 172 Deforest Road
 City Burlington State VT Zip Code 05401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Four Seasons Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 501.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 7094ED1B7E729E4E9F0
 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 30 OF 67
<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. Lipkin, Howard, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3172 Interlaken St
 City W Bloomfield State MI Zip Code 48323-1821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brighton Dermatology and Regensis Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 21 / 2017
Transaction ID : 254438F2A39DA3C5578
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Lober, Clifford, Warren, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 W Oak St Ste 201
 City Kissimmee State FL Zip Code 34741-4986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : E10654CCEAFE7BA7A952
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Loboano, Philip, James, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 - 211 Hwt 71
 City Spring Lake State NJ Zip Code 07762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 28 / 2017
Transaction ID : CCE03E351C18460985A
 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 31 OF 67
	<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. Mandy, Stephen, Howard, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1000 S Pointe Dr
Apt 1404

City Miami Beach State FL Zip Code 33139-7343

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

Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 31B17ADA662C48E22AA

Amount of Each Receipt this Period 500.00

Memo Item

B. Mishra, Vineet, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 E Basse Rd
Apt 1535

City San Antonio State TX Zip Code 78209-8392

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

Name of Employer (for Individual) University of Texas Health Science Cen Occupation (for Individual) Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 846FAA19A4913172F9D

Amount of Each Receipt this Period 500.00

Memo Item

C. Moiin, Ali, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1175 Three Mile Dr

City Grosse Pointe Park State MI Zip Code 48230-1414

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

Name of Employer (for Individual) A Comprehensive Dermatology Center Occupation (for Individual) Physician

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 643C342963C876583B1

Amount of Each Receipt this Period 100.00

Memo Item

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 32 OF 67
<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. Mostow, Eliot, N., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 Robinwood Hills Dr
 City Akron State OH Zip Code 44333-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Akron Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 72A392AAADDB47BBA7F
 Amount of Each Receipt this Period 251.00
 Memo Item

B. Nehal, Kishwer, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 E. 53rd Street
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Memorial Sloan-Kettering Cancer Ctr Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : FF2A57124B71832194D
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Nelson, Kelly, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2143 Swift Blvd
 City Houston State TX Zip Code 77030-1215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MD Anderson Department of Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 28 / 2017
Transaction ID : 1E0D9ECD-936F-481B-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1751.00
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 33 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. O'Connor, Christine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 E. Woodfield Road
 City Schaumburg State IL Zip Code 60173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy of Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2017
Transaction ID : FE81C26B2EB866F7E91
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Olsen, Elise, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Carolina Forest Rd
 City Chapel Hill State NC Zip Code 27516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dept of Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 01 / 2017
Transaction ID : F4F56E15779394C0F1A
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Parker, Timothy, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6901 W 121st St
 City Overland Park State KS Zip Code 66209-2007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Dermatologic Surgery Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 03 / 07 / 2017
Transaction ID : 3BF7C83293DF0540B9E
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3750.00
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 34 OF 67
	<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. Patel, Tejesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5841 Garden Oak Cv
 City Memphis State TN Zip Code 38120-2525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : C69E6866B4690237B68
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Portman, Robert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1501 M St NW FI 7
 City Washington State DC Zip Code 20005-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Powers, Pyles, Sutter & Verville, P.C. Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 77210901-6F39-4340-
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Posnick, Robert, Bruce, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Prospect St Ste N301
 City Nashua State NH Zip Code 03060-3956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nashua Dermatology Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 251.00

Date of Receipt 03 / 01 / 2017
Transaction ID : 8127903E-68ED-4697-
 Amount of Each Receipt this Period 251.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1616.00
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 35 OF 67
	<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. Rao, Babar, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 E 37th St
 Rm 317
 City New York State NY Zip Code 10016-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutgers Robert Wood Johnson Medi Schoo Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2017
Transaction ID : E59EEE03-CA5C-4CB8-
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Ray, Shelley, Houston, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 210 Mountain Laurel Ln
 City Anniston State AL Zip Code 36207-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Dermatology and Skin Care Spe Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : 57065C97C13B4A2904D
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Reddy, Suraj, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2523 Elfego Rd NW
 City Albuquerque State NM Zip Code 87107-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Albuquerque Dermatology Associates Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : 4978912FF377713186F
 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 36 OF 67
<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. Rholdon, Frankie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 Mount Hope Ave
 City Lafayette State LA Zip Code 70508-8051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lafayette Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2017
Transaction ID : 627EA7F5-BA4F-4277-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Richley, Douglas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9766 Valley View Dr
 City Onekama State MI Zip Code 49675-9633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist/Mohs surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017
Transaction ID : 673F115F-E8AB-444D-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ringpfeil, Franziska, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 569 W Lancaster Ave
 City Haverford State PA Zip Code 19041-1416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ringpfeil Advanced Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2017
Transaction ID : B8BCA149-967A-421E-
 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 37 OF 67
<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. Ryan, Anna, M. Sarno, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 Fleming St
 City Manchester State NH Zip Code 03104-4754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017
Transaction ID : 5D6B9204-1BDB-4343-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Saini, Ritu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 E 37th St Apt 29F
 City New York State NY Zip Code 10016-3259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NY Medical Skin Solutions, PLLC Occupation (for Individual) Mohs Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 03 / 23 / 2017
Transaction ID : 4DCFB75B7B432EAAD29B
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Sawchuk, William, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10000 Park Royal Dr
 City Great Falls State VA Zip Code 22066-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) William Sawchuk MD and Gayle Masri-Fri Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 44E806DFF2C9B7D2B7E
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	833.33
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 38 OF 67
	<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. Schwartz, Stanley, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8381 Riverwalk Park Blvd
Ste 101

City Fort Myers State FL Zip Code 33919-8760

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

Name of Employer (for Individual) Associates in Dermatology Occupation (for Individual) Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2017
Transaction ID : E0749ABF-97B8-4F1B-

Amount of Each Receipt this Period 350.00

Memo Item

B. Schwarzenberger, Kathryn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 262 Meadowgrove Ln

City Memphis State TN Zip Code 38120-2611

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

Name of Employer (for Individual) Univ of Tennessee Health Science Ctr, Occupation (for Individual) Physican

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : D01007AA48C5C54906C

Amount of Each Receipt this Period 1000.00

Memo Item

C. Shuler, Marshall, Jasper, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 920 Woodruff Rd

City Greenville State SC Zip Code 29607-4105

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

Name of Employer (for Individual) Carolina Dermatology of Greenville Occupation (for Individual) Dermatologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : 478E2EAE-8CB3-44D9-

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1850.00

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 39 OF 67
<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. Siegel, Daniel, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 (for Individual) Long Island Skin Cancer And Dermatolog Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 03 / 24 / 2017
Transaction ID : 44B8A23A1309EB147BFD
 Amount of Each Receipt this Period 416.66
 Memo Item

B. Sigmon, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Smokemont Dr
 City Arden State NC Zip Code 28704-7805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Forest Dermatology, PA Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : C5C8551100762CB691E
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Skinner, Daniel, Peterson, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2250 W Southern Ave Ste 101
 City Mesa State AZ Zip Code 85202-4736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skin Cancer Specialists Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 7D0A8AB4-35C4-4E67-
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1416.66
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 40 OF 67
<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. Stein Gold, Linda, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2360 Heronwood Drive
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2017
Transaction ID : D0067B4335121FAA14B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Stephens, John, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10553 Hyde Park
 City Carmel State IN Zip Code 46032-8300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Inc Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 31 / 2017
Transaction ID : AAD7EA82-F27C-48B1-
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Stetson, Cloyce, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 4th St Dept 9400
 City Lubbock State TX Zip Code 79430-0002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Tech Univ Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 29 / 2017
Transaction ID : FA1E1457-6F9F-4C61-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67
	<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. Storrs, Paul, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 505 N Lake Shore Dr
 Apt 4811
 City Chicago State IL Zip Code 60611-6440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Associates of Illinois, S. Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2017
Transaction ID : 58300ED431CF2DF5D7E
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Tanphaichitr, Arthapol, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12960 W Creosote Dr
 City Peoria State AZ Zip Code 85383-7980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beatrice Keller Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2017
Transaction ID : 8F8DC1D3-C56C-4CF8-
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Tarbox, Michelle, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10620 Oxford Ave
 City Lubbock State TX Zip Code 79423-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : 9CE6F4557C66117CFD
 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 42 OF 67
	<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. Tavelli, Bert, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3940 SW 52nd Pl
 City Portland State OR Zip Code 97221-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest Dermatology and Laser Clinic Occupation (for Individual) 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
 03 / 15 / 2017
Transaction ID : 481679FDC235B06B202
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Tharp, Michael, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 N Lake Shore Dr Apt 2011
 City Chicago State IL Zip Code 60611-3061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Univ Medical Center Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 03 / 2017
Transaction ID : 12DDAFD0A45175BA465
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Trotter, Shannon, Campbell, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 W McCreight Ave Ste 110
 City Springfield State OH Zip Code 45504-1853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Springfield Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2017
Transaction ID : C6A0B601-3DF0-41D1-
 Amount of Each Receipt this Period
 1000.00
 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 43 OF 67
<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. Urquhart, Jean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 2606
 City Edwards State CO Zip Code 81632-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mountain Dermatology Specialists Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 212AED31E3D28C6A7E5
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Vidimos, Allison, Therese, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8505 Timber Trl
 City Brecksville State OH Zip Code 44141-1771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Foundation Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 5D7DB61E41F2B625B95
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Warner, Michael, Rebert, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 Thomas Johnson Dr Ste B
 City Frederick State MD Zip Code 21702-4396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Cosmetic & Skin Surgery Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2017
Transaction ID : 7C436CED-C6F1-4237-
 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 44 OF 67
<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. Warren, Scott, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6890 Belford Oaks Place
 City Jacksonville State FL Zip Code 32216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Coast Mohs Surgery Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 899AD9282BBD86D0DBC
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Weinstein, Andrew, Hart, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3285 Equestrian Dr
 City Boca Raton State FL Zip Code 33434-3361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boynton Beach Skin Institute Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2017
Transaction ID : 9A51BBD869EF311C109
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Weiss, Margaret, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 Burdock Rd
 City Baltimore State MD Zip Code 21209-1043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Maryland Laser, Skin & Vein Institute, Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2041.99

Date of Receipt 03 / 11 / 2017
Transaction ID : 423DB22B907EB30C41F0
 Amount of Each Receipt this Period 208.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2208.33
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 45 OF 67
	<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. Weiss, Margaret, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2002 Burdock Rd

City Baltimore	State MD	Zip Code 21209-1043
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Maryland Laser, Skin & Vein Institute,	Occupation (for Individual) Dermatologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2041.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2017

Transaction ID : 9831A6F87D58C694A74

Amount of Each Receipt this Period
1417.00

Memo Item

B. Weiss, Robert, A., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2002 Burdock Rd

City Baltimore	State MD	Zip Code 21209-1043
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Maryland Laser, Skin & Vein Inst	Occupation (for Individual) Dermatologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		23		2017

Transaction ID : 067E501F2717E361368

Amount of Each Receipt this Period
2500.00

Memo Item

C. Weyer, Richard, Helge, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 E Calle De Amistad

City Tucson	State AZ	Zip Code 85716-4912
----------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : 88B97EB85C046875F26

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	4917.00
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 46 OF 67
<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. Wilentz, Joel, Marc, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 NW 82nd Avenue
 Suite 100
 City Hollandale Beach State FL Zip Code 33009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skin & Cancer Associates LLP Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2017
Transaction ID : 320F1A2A3D5A74F7B42
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Wilkerson, Michael, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Univ Blvd Dept of
 4.112 McCullough
 City Galveston State TX Zip Code 77555-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Texas Medical Branch Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2017
Transaction ID : C3689E1B-D582-424F-
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Winton, George, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1917 Millbrook Dr
 City Johnson City State TN Zip Code 37604-1485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tri-Cities Skin and Cancer Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 15 / 2017
Transaction ID : A0BD2CB573A2A403952
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 67
	<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. Xu, Yaohui, Gloria, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 806 Silver Sage Trl
 City Middleton State WI Zip Code 53562-5683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UW Dept of Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : CA3C2C512372371A5E1
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Yancey, Kim, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6000 Harry Hines Blvd Dept of
 City Dallas State TX Zip Code 75235-5303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Texas-Southwestern Med School Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2017
Transaction ID : 5D6F20D1-C859-4704-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Zaulyanov-Scanlan, Larissa, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Venetian Dr
 City Delray Beach State FL Zip Code 33483-6833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skin and Cancer Associates Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2017
Transaction ID : 27F2A59A1B882FFAE9A
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	85296.32

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072

Purpose of Disbursement
Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : V2323DC665I

Amount of Each Disbursement this Period

[REDACTED] 1580.05

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
PayPal 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
0	3		0	3		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : VA2691868B8

Amount of Each Disbursement this Period

[REDACTED] 1185.91

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
0	3		1	0		2	0	1	7

FEC Identification Number

C [REDACTED]

Transaction ID : VEF6F5930A

Amount of Each Disbursement this Period

[REDACTED] 2144.25

Memo Item

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

[REDACTED] 4910.21

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

[REDACTED] 4910.21

**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"/> 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. Alamo PAC

Mailing Address 919 Congress Ave
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Alamo PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00387464

Transaction ID : 3EA064BF87

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Barr For Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Barr, Garland, Hale, , IV

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00467571

Transaction ID : EB30D73FAD

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Andy Harris For Congress

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Harris, Andrew, P., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00435974

Transaction ID : 7DC0EBEAE

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 426

City: Stevensville State: MD Zip Code: 21666

Purpose of Disbursement: 2018 Primary

011

Category/Type

Candidate Name

Harris, Andrew, P., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C000435974

Transaction ID : 0652E7F6DD:

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City: Ballwin State: MO Zip Code: 63022

Purpose of Disbursement: 2018 Primary

011

Category/Type

Candidate Name

Wagner, Ann, Louise, ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C000495846

Transaction ID : 00F89413BD0

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Bera For Congress

Mailing Address PO Box 582496

City: Elk Grove State: CA Zip Code: 95758

Purpose of Disbursement: 2018 Primary

011

Category/Type

Candidate Name

Bera, Amerish, B., ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C000461061

Transaction ID : AA9A67B73E

Amount of Each Disbursement this Period

2500.00

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"/> 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. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688-0606

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Bilirakis, Gus, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2017

FEC Identification Number

C C00408534

Transaction ID : 7CBE9CBA6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 228 S. Washington St., Ste. 115

City
Alexandria

State
VA

Zip Code
22314-5404

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2017

FEC Identification Number

C C00235655

Transaction ID : 2A693629DEC

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387-8277

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Brady, Kevin, Patrick, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	21	/	2017

FEC Identification Number

C C00311043

Transaction ID : D0B0EEC0C

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Charlie Dent For Congress

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105-0442

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name
Dent, Charles, W., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

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

FEC Identification Number

C C00386847

Transaction ID : 98E9424F400

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City
Elmhurst

State
NY

Zip Code
11373

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Crowley, Joseph, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	7

FEC Identification Number

C C00338954

Transaction ID : 7B473369FE7

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Democrats Reshaping America (DREAMPAC)

Mailing Address 410 1 St, SE
Suite 310

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Democrats Reshaping America (DREAMPAC)

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

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

FEC Identification Number

C C00423079

Transaction ID : A087317E1B

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Diane Black For Congress

Mailing Address PO Box 1437

City
Gallatin

State
TN

Zip Code
37066-1437

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Black, Diane, Lynn, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00472878

Transaction ID : C2AE84FFA2

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz For Congress

Mailing Address PO Box 3433

City
Palm Desert

State
CA

Zip Code
92261

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Ruiz, Raul, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00502575

Transaction ID : 377D75E112E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City
Eden Prairie

State
MN

Zip Code
55344

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Paulsen, Erik, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00439661

Transaction ID : 3AE7355AE3

Amount of Each Disbursement this Period

1000.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Jim Clyburn

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Clyburn, James, E., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: SC District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00255562
Transaction ID : A822236D6B
Amount of Each Disbursement this Period
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Barrasso, John, Anthony, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: WY District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00436386
Transaction ID : CCB9BF4FD2
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of John Delaney

Mailing Address PO Box 70835

City Bethesda State MD Zip Code 20813

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Delaney, John, K., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MD District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00508416
Transaction ID : 04A7472BF0
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

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<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. Gillibrand For Senate

Mailing Address 126 C Street NW
2Nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Gillibrand, Kirsten, Elizabeth, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00413914

Transaction ID : E52438B7A0

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Grassroots Organizing Acting & Leading PAC - GoalPAC

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement 2017 Contribution

011
Category/
Type

Candidate Name
Grassroots Organizing Acting & Leading PAC - GoalPAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00381996

Transaction ID : 18EDEBFB54

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie For Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Guthrie, S. Brett, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00445023

Transaction ID : A243999D78

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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:
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<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. Hatch Election Committee Inc

Mailing Address PO Box 3986

City
Washington

State
DC

Zip Code
20027

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Hatch, Orrin, Grant, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00104752

Transaction ID : 5B34C18FB2
Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City
Ridgefield

State
WA

Zip Code
98642-0020

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Herrera Beutler, Jaime, Lynn, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00472704

Transaction ID : F10A125774A
Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jenkins For Congress

Mailing Address PO Box 727

City
Huntington

State
WV

Zip Code
25711

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Jenkins, Evan, H., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00548271

Transaction ID : 4D59731F04
Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
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<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. John Lewis For Congress

Mailing Address PO Box 2323

City
Atlanta

State
GA

Zip Code
30301

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Lewis, John, Robert, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00202416

Transaction ID : 5622118FD91

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Julia Brownley For Congress

Mailing Address PO Box 2018

City
Thousand Oaks

State
CA

Zip Code
91358

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Brownley, Julia, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00513077

Transaction ID : 28585EF7B95

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kind For Congress Committee

Mailing Address 205 5Th Avenue S
Room 411

City
La Crosse

State
WI

Zip Code
54601

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Kind, Ronald, James, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00312017

Transaction ID : 410985D2342

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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<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. Kyrsten Sinema For Congress

Mailing Address PO Box 25879

City
Tempe

State
AZ

Zip Code
85285

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Sinema, Kyrsten, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00508804

Transaction ID : 31161F1ABF!

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lone Star Leadership PAC

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824-0844

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Lone Star Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00415208

Transaction ID : 798D235D025

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City
Brentwood

State
TN

Zip Code
37024-3750

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Blackburn, Marsha, Wedgeworth, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00376939

Transaction ID : 5C8D2BC71!

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

4500.00

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

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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement 2018 Primary

011

Candidate Name Matsui, Doris, O., ,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00409219

Transaction ID : 2C71958A01E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement 2018 Primary

011

Candidate Name Thompson, Michael, C., ,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00326363

Transaction ID : 92C06AF4A0E

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement 2018 Primary

011

Candidate Name Tester, Jon, , ,

Category/Type

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00412304

Transaction ID : 80E10E1896E

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**

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. Moulton For Congress

Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Moulton, Seth, W., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MA District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00547240

Transaction ID : F6E69990736

Amount of Each Disbursement this Period

1000.00

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 2018 Primary

011
Category/
Type

Candidate Name
Olson, Peter, Graham, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: TX District: 22

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00437913

Transaction ID : DB149DE566I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Pallone, Frank, , , Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00226928

Transaction ID : F2E51EA081

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress

Mailing Address Pob 100

City Teaneck

State NJ

Zip Code 07666

Purpose of Disbursement 2018 Primary

011

Category/Type

Candidate Name

Pascrell, William, James, , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00313510

Transaction ID : 63B3D0122F4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Paul Tonko For Congress

Mailing Address 911 Central Avenue # 221

City Albany

State NY

Zip Code 12206

Purpose of Disbursement 2018 Primary

011

Category/Type

Candidate Name

Tonko, Paul, David, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NY District: 20

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00450049

Transaction ID : B1E4463CBC

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Promoting Our Republican Team PAC

Mailing Address 8331 Little Harbor Drive

City Cincinnati

State OH

Zip Code 45244-2768

Purpose of Disbursement 2017 Contribution

011

Category/Type

Candidate Name

Promoting Our Republican Team PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00440032

Transaction ID : 7C0F0A3627

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Neal, Richard, Edmund, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00226522
Transaction ID : 1CD4DB71CE
Amount of Each Disbursement this Period
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sanford Bishop For Congress

Mailing Address P O Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Bishop, Sanford, D., , Jr.

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 02

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00266940
Transaction ID : 8CDDEA9D91
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Schiff For Congress

Mailing Address 777 S. Figueroa St., Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name
Schiff, Adam, Bennett, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 28

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00343871
Transaction ID : 038E4170EB
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Sean Patrick Maloney For Congress

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Maloney, Sean, Patrick, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 18

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00512426

Transaction ID : **BB4F59D0ED**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address P.O. Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name
Shore PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) Contribution
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00410308

Transaction ID : **096CFEFE6D!**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Stivers For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Stivers, Steve, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District: 15

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00441352

Transaction ID : **9418232E9E!**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Stivers For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement 2018 Primary

011
Category/Type

Candidate Name Stivers, Steve, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: OH District: 15

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00441352
Transaction ID : F2AFDDF86E
 Amount of Each Disbursement this Period
 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Eye Of The Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement 2017 Contribution

011
Category/Type

Candidate Name The Eye Of The Tiger Political Action Committee

Office Sought: House Senate President
 Disbursement For: 2017 Primary General Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00467431
Transaction ID : 94AA33362Bf
 Amount of Each Disbursement this Period
 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement 2018 Primary

011
Category/Type

Candidate Name Upton, Frederick, Stephen, ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: MI District: 06

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2017

FEC Identification Number

C C00200584
Transaction ID : FA0BA83D11
 Amount of Each Disbursement this Period
 2500.00

Memo Item

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

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

10000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Walden For Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031-0037

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Walden, Gregory, Paul, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : D7DDAE0049

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Walker 4 NC

Mailing Address PO Box 99247

City
Raleigh

State
NC

Zip Code
27624

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Walker, Bradley, Mark, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NC District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 4EC705D7B7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Walorski For Congress Inc

Mailing Address PO Box 954

City
Mishawaka

State
IN

Zip Code
46546-0954

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Walorski, Jacqueline, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : CC2F65F17C

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"/> 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. Welch For Congress

Mailing Address PO Box 1682

City
Burlington

State
VT

Zip Code
05402

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Welch, Peter, Francis, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VT District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 2530E89112D
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

/ /

FEC Identification Number

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

/ /

FEC Identification Number

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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. Republican State Leadership Committee

Mailing Address 1201 F Street, NW
Suite 675

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Nonfederal Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 7E4C39FB90!
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
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

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

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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