

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2017 through [MM] / [DD] / [YYYY] 12 / 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 [MM] / [DD] / [YYYY] 01 / 17 / 2018

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"/>		94098.99
(b) Cash on Hand at Beginning of Reporting Period.....	62275.50	
(c) Total Receipts (from Line 19)	14810.19	687797.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	77085.69	781896.06
7. Total Disbursements (from Line 31).....	39629.74	744440.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	37455.95	37455.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13387.19	648522.77
(ii) Unitemized	1423.00	34274.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14810.19	682797.07
(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)	14810.19	682797.07
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	5000.00
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)).....▶	14810.19	687797.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14810.19	687797.07

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	629.74	15940.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	629.74	15940.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39000.00	704500.00
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).....	0.00	24000.00
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)) ..	39629.74	744440.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39629.74	744440.11

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)	14810.19	682797.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14810.19	682797.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	629.74	15940.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	629.74	15940.11

**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 30
	<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

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. Andrews, Tricia, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 San Juan Cir
 City Ponte Vedra Beach State FL Zip Code 32082-1317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jacksonville Dermatology Assoc, PL Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 12 / 28 / 2017
Transaction ID : 46CA92B1B5EEC65925B0
 Amount of Each Receipt this Period 41.67
 Memo Item

B. Bassett, Katrina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15906 Mill Creek Blvd Ste 105
 City Mill Creek State WA Zip Code 98012-1797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Sound Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2017
Transaction ID : E68362AA-EFBD-4B78-
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Brown, Clarence, William, , Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 W Goethe St
 City Chicago State IL Zip Code 60610-1914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 4B6C4CD1656E020AD0A
 Amount of Each Receipt this Period 66.70
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	358.37
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 30
	<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. Carroll, Carolyn, Bialecki, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 75 Ridgewood Ave
 City North Haven State CT Zip Code 06473-4441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Physicians of Connecticut 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
 12 / 17 / 2017
Transaction ID : DD4F7D1B-10A4-4873-
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Carruth, Marc, Ronald, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2615 E 7th St
 City Charlotte State NC Zip Code 28204-4376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carolina Skin Surgery Center, PA 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
 12 / 15 / 2017
Transaction ID : C6229FAF-F672-4504-
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Caudell, Misty, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1456
 City Gainesville State GA Zip Code 30503-1456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Georgia Skin 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
 12 / 31 / 2017
Transaction ID : 2BC83D3B-C173-44E6-
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
<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. Christman, Holly, L. F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 490 Post St
 Ste 700
 City San Francisco State CA Zip Code 94102-1415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Medical Group of San Franc Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2017
Transaction ID : E2C84004-6E99-4266-
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 5000.00

Date of Receipt 12 / 20 / 2017
Transaction ID : F70E506EA3029E3E19F
 Amount of Each Receipt this Period 833.30
 Memo Item

C. Downes, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 Waukegan Rd
 Ste 304
 City Bannockburn State IL Zip Code 60015-1836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lake Forest Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 18 / 2017
Transaction ID : 44AF8DFE8DB44C8DE220
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1113.30
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 30
<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. Dronavalli, SRidhar, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 Champlain St NW
 Apt 206
 City Washington State DC Zip Code 20009-8703
 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 ▼ 501.00

Date of Receipt 12 / 28 / 2017
Transaction ID : 5A8EE5DF-B265-434A-
 Amount of Each Receipt this Period 501.00
 Memo Item

B. Dubow, Brian, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 435 N Roxbury Dr
 Ste 204
 City Beverly Hills State CA Zip Code 90210-5004
 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 12 / 27 / 2017
Transaction ID : A6F1EC9B-2313-4CF5-
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Greenan, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1445 New York Ave NW
 Ste 800
 City Washington State DC Zip Code 20005-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Academy Of Dermatology Occupation (for Individual) Association Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 03 / 2017
Transaction ID : 4C4B81712F8D55095AF6
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	701.00
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 30
	<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. Greenberg, Michael, Alan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Suffield Ter
 City Northbrook State IL Zip Code 60062-3014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Illinois Dermatology Institute, LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 12 / 04 / 2017
Transaction ID : 4FCDA1AB098BBF40BFFC
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Haas, Ann, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8466 Scenic Vista Way
 City Fair Oaks State CA Zip Code 95628-3869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ft Sutter Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1416.63

Date of Receipt 12 / 20 / 2017
Transaction ID : C76FC7B81001288DFBB
 Amount of Each Receipt this Period 83.33
 Memo Item

C. Harvey, David, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Kellsworth Way
 City Tyrone State GA Zip Code 30290-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermatology Institute For Skin Cancer Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 12 / 23 / 2017
Transaction ID : 411AB6CF21A7A190DF70
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	216.66
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 11 OF 30
	<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. Helfrich, Yolanda, Rosi, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 747 Country Club Rd
 City Ann Arbor State MI Zip Code 48105-1034
 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 ▼ 1500.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 42D22F67B67427C940D
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Herbst, Andrew, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 148 East Ave Ste 3B
 City Norwalk State CT Zip Code 06851-5726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Skin Cancer Center of Fairfield County Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 11 / 2017
Transaction ID : 80CBC060-C5D4-4AF5-
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Jacob, Reza, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3532 Dove Ct
 City San Diego State CA Zip Code 92103-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MedDerm Associates Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 24 / 2017
Transaction ID : 4AA0A7C648EA584D2F08
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1675.00
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 30
<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. Kirsner, Robert, S., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5821 SW 132nd Ter
 City Pinecrest State FL Zip Code 33156-7266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Miami Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2017
Transaction ID : C71EB9513F9C2AC7F2A
 Amount of Each Receipt this Period 125.00
 Memo Item

B. Kronic, Aleksandar, L. J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 502 Park Ave
 City River Forest State IL Zip Code 60305-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Illinois Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 27E872FF29B0672D728
 Amount of Each Receipt this Period 125.00
 Memo Item

C. Neel, Victor, Allen, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Staniford St Ste 270
 City Boston State MA Zip Code 02114-2517
 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 12 / 17 / 2017
Transaction ID : 9BF64C29-BEBE-47AD-
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
<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. Osleber, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Redcoat Ln
 City Little Rock State AR Zip Code 72227-2337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arkansas Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 12 / 31 / 2017
Transaction ID : C434FF1D-54F2-4946-
 Amount of Each Receipt this Period 251.00
 Memo Item

B. Pendharkar, Ninad, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Scenery Dr
 City State College State PA Zip Code 16801-7974
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Geisinger Medical Group - Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 10 / 2017
Transaction ID : B883AC6C-EEE4-4F5E-
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Rahman, Zakia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4250 El Camino Real Apt A105
 City Palo Alto State CA Zip Code 94306-4443
 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 12 / 12 / 2017
Transaction ID : 120C827D-7C56-4911-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1551.00
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 30
<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. Richardson, Steven, Jay, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5113 Trinity Landing Dr W
 City Fort Worth State TX Zip Code 76132-3739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Center for Skin and Cosmetic Dermatolo Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2017
Transaction ID : 79E07063-B32B-4F64-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Rossy, Kathleen, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Bunn Dr Ste 201
 City Princeton State NJ Zip Code 08540-1968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Princeton Center for Dermatology Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 31 / 2017
Transaction ID : FF8A2E55-950C-4FEA-
 Amount of Each Receipt this Period 300.00
 Memo Item

C. 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 ▼ 999.96

Date of Receipt 12 / 23 / 2017
Transaction ID : 484386743DEAE0540472
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	883.33
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 15 OF 30
	<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. Schlosser, Bethanee, Jean, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 429 Maple Ave
 City Wilmette State IL Zip Code 60091-3429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwestern Univ Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 20 / 2017
Transaction ID : EBF9EB486879626ED4A
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Seidenberg, Roy, Stern, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 316 W 79th St Apt 3W
 City New York State NY Zip Code 10024-6126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 09 / 2017
Transaction ID : 902E3688-3387-4A1D-
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Sharp, Misty, Todd, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2110 5th St N
 City Columbus State MS Zip Code 39705-2210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Westmoreland Dermatology & Surgery Cen Occupation (for Individual) Dermatologist / Dermatopathologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2017
Transaction ID : 332DF702-3298-4C3D-
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
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 30
	<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. 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 ▼ 5000.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 04E7801AB356B37B07A
 Amount of Each Receipt this Period 416.70
 Memo Item

B. Soleymani, A. David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 W Potomac Ave
 City Chicago State IL Zip Code 60622-3152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dermio Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 20 / 2017
Transaction ID : 74E3FCD5E14B7963F1F
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Stein, Ronnit, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Linton Blvd Ste 307
 City Delray Beach State FL Zip Code 33484-6500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Palm Beach Dermatology Group Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt 12 / 11 / 2017
Transaction ID : 831EED12-9D3A-4DFB-
 Amount of Each Receipt this Period 251.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	917.70
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 30
	<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. Stewart, Kristen, M. A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 Lora St
 City Neptune Beach State FL Zip Code 32266-4941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Total Dermatology Care Center Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 12 / 2017
Transaction ID : 244019A8-ACDC-44BF-
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Torres, Abel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1278 W 9th St Apt 1137
 City Cleveland State OH Zip Code 44113-5504
 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 ▼ 5000.00

Date of Receipt 12 / 20 / 2017
Transaction ID : E3D41E3FC7FD9444D2E
 Amount of Each Receipt this Period 1250.00
 Memo Item

C. 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 ▼ 350.00

Date of Receipt 12 / 30 / 2017
Transaction ID : E7BC0D67-C82D-4D60-
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 30
	<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. Vasiloudes, Panos, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5210 Webb Rd
 City Tampa State FL Zip Code 33615-4518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Academic Alliance Dermatology Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 08 / 2017
Transaction ID : 2F553F42-014B-44D9-
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Waller, William, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 6th Ave
 City Hattiesburg State MS Zip Code 39401-4241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hattiesburg Clinic - Dermatology South Occupation (for Individual) Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 19 / 2017
Transaction ID : 42ED96D679009551059D
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Wentzell, J., Michael, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 Minnesota Ave
 City Anacortes State WA Zip Code 98221-4536
 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 12 / 08 / 2017
Transaction ID : CC3B1D22-82DF-4ADD-
 Amount of Each Receipt this Period 350.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Westmoreland, Terry, A., ,

Mailing Address 2110 5th St N

City Columbus	State MS	Zip Code 39705-2210
------------------	-------------	------------------------

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

Name of Employer (for Individual) Westmoreland Dermatology & Surgery Cent	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
12	/	23	/	2017

Transaction ID : A9AAD45D-6757-4EC3-

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilson, Dorota, Michalek, ,

Mailing Address 215 Winding Ln

City Newtown	State PA	Zip Code 18940-1200
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Wilson Dermatology & Skin Care	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1137.49

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2017

Transaction ID : 3C1DCD3D53B3AD4B99E

Amount of Each Receipt this Period
45.83

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	295.83
TOTAL This Period (last page this line number only).....	13387.19

**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
12			01			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : VC0A4DBCD
Amount of Each Disbursement this Period

[REDACTED] 91.78

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
CardConnect Fee

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
12			01			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : V603DD7BB6
Amount of Each Disbursement this Period

[REDACTED] 25.00

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
12			11			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : VC32D9784A
Amount of Each Disbursement this Period

[REDACTED] 512.96

Memo Item

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

[REDACTED] 629.74

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

[REDACTED] 629.74

**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. 21St Century Majority Fund

Mailing Address Post Office Box 20475

City
Atlanta

State
GA

Zip Code
30325-0475

Purpose of Disbursement
2017 Contribution

Category/
Type

Candidate Name

21St Century Majority Fund

Office Sought: House
 Senate
 President

Disbursement For: 2017
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 798A8C1700E

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Nelson For U S Senate

Mailing Address 972 W Whitmire Drive

City
Melbourne

State
FL

Zip Code
32935

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Nelson, Bill, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : E239DE1A3D

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Blaine For Congress

Mailing Address PO Box 98

City
St. Elizabeth

State
MO

Zip Code
65075

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Luetkemeyer, W. Blaine, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MO District: 03

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 1EC3B52642

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. Blumenauer For Congress

Mailing Address 901 SE Oak Street
Suite 105

City Portland State OR Zip Code 97214

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Blumenauer, Earl, Francis, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2017

FEC Identification Number

C C00307314

Transaction ID : 196597347B9

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick For Congress

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Fitzpatrick, Brian, K., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: PA District: 08

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2017

FEC Identification Number

C C00607416

Transaction ID : F25DFE3CF8I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name
Carter, Earl, L. B., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2017

FEC Identification Number

C C00543967

Transaction ID : D880B44183I

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. Capito For West Virginia

Mailing Address PO Box 11519

City
Charleston

State
WV

Zip Code
25339

Purpose of Disbursement
2020 Primary

011
Category/
Type

Candidate Name

Capito, Shelley, Moore, ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

FEC Identification Number

C C00539825

Transaction ID : C8530EDE98!
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Darren Soto For Congress

Mailing Address P.O. Box 420239

City
Kissimmee

State
FL

Zip Code
34742

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Soto, Darren, Michael, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 09

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

FEC Identification Number

C C00581074

Transaction ID : 8263E35E776
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Devin Nunes Campaign Committee

Mailing Address P.O. Box 6545

City
Visalia

State
CA

Zip Code
93290-6545

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Nunes, Devin, G., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2017

FEC Identification Number

C C00370056

Transaction ID : FAB7AAC25!
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. Drew Ferguson For Congress Inc.

Mailing Address PO Box 387

City
West Point

State
GA

Zip Code
31833-0387

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Ferguson, A. Drew, , , IV

Office Sought: House
 Senate
 President

State: GA District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 60CF5403C34
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Raja For Congress

Mailing Address PO Box 681202

City
Schaumburg

State
IL

Zip Code
60168

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Krishnamoorthi, S. Raja, , ,

Office Sought: House
 Senate
 President

State: IL District: 08

Disbursement For: 2018
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 1152FFC971C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Garret Graves For Congress

Mailing Address PO Box 64845

City
Baton Rouge

State
LA

Zip Code
70896

Purpose of Disbursement
2018 Primary

Category/
Type

Candidate Name

Graves, Garret, Neal, ,

Office Sought: House
 Senate
 President

State: LA District: 06

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : A951502D33
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. IMPACT

Mailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

IMPACT

Office Sought: House Senate President

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

State: District:

Date of Disbursement

12 / 19 / 2017

FEC Identification Number

C00348607

Transaction ID : D8C12EC495

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jobs, Opportunities And Education PAC (JOE-PAC)

Mailing Address 700 13Th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2017 Contribution

011
Category/
Type

Candidate Name

Jobs, Opportunities And Education PAC (JOE-PAC)

Office Sought: House Senate President

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

State: District:

Date of Disbursement

12 / 19 / 2017

FEC Identification Number

C00362384

Transaction ID : 7D12E29B09F

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Josh Gottheimer For Congress

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement
2018 Primary

011
Category/
Type

Candidate Name

Gottheimer, Joshua, S., ,

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **Contribution**

State: NJ District: 05

Date of Disbursement

12 / 05 / 2017

FEC Identification Number

C00573949

Transaction ID : 13F6554A03f

Amount of Each Disbursement this Period

1000.00

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

M	M	/	D	D	/	Y	Y	Y	Y
12			19			20	17		

FEC Identification Number

C C00513077

Transaction ID : 51386E81724

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

M	M	/	D	D	/	Y	Y	Y	Y
12			05			20	17		

FEC Identification Number

C C00312017

Transaction ID : 46AA566DC5I

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kuster For Congress, Inc

Mailing Address PO Box 1498

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Kuster, Ann, McLane, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			20	17		

FEC Identification Number

C C00462861

Transaction ID : F5BBC84854

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. LaHood for Congress

Mailing Address P.O. Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

LaHood, Darin, M., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

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

FEC Identification Number

C C00575050

Transaction ID : ACEFD54005

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LEGPAC

Mailing Address 38 Ivy St., SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

LEGPAC

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
1	2		1	9		2	0	1	7

FEC Identification Number

C C00385534

Transaction ID : 0A865D2B11:

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lois Frankel For Congress

Mailing Address P.O. Box 812421

City
Boca Raton

State
FL

Zip Code
33481

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Frankel, Lois, Jane, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	1	7

FEC Identification Number

C C00494856

Transaction ID : EB8B203822

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 24 East 93Rd Street, 4B

City New York State NY Zip Code 10128

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name Maloney, Carolyn, B., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NY District: 12

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2017

FEC Identification Number

C C00273169

Transaction ID : 584BF72065E

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. People For Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name Kilmer, Derek, , ,

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

Date of Disbursement

MM / DD / YYYY
12 / 19 / 2017

FEC Identification Number

C C00514893

Transaction ID : F72D101CE1f

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Salud Carbajal For Congress

Mailing Address PO Box 1290

City Santa Barbara State CA Zip Code 93102

Purpose of Disbursement 2018 Primary

011
Category/
Type

Candidate Name Carbajal, Salud, O., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: CA District: 24

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2017

FEC Identification Number

C C00576041

Transaction ID : EFA408DD2f

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)..... ▶

4000.00

**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. Serve America PAC

Mailing Address PO Box 2013

City
Salem

State
MA

Zip Code
01970

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

Serve America PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017

Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2017

FEC Identification Number

C C00571174

Transaction ID : CC8156516A1

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Smucker For Congress

Mailing Address 548 Steel Way
PO Box 7066

City
Lancaster

State
PA

Zip Code
17604

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Smucker, Lloyd, K., ,

Office Sought: House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: PA District: 16

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	20	/	2017

FEC Identification Number

C C00599464

Transaction ID : 59BE9A5C4B

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Madison PAC

Mailing Address 235 State Street #206

City
Springfield

State
MA

Zip Code
01103

Purpose of Disbursement
2017 Contribution

011

Category/
Type

Candidate Name

The Madison PAC

Office Sought: House
 Senate
 President

Disbursement For: 2017

Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2017

FEC Identification Number

C C00426809

Transaction ID : 701087DFB4

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)

<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. Tom Reed For Congress

Mailing Address PO Box 10847

City
Rochester

State
NY

Zip Code
14610-0847

Purpose of Disbursement
2018 Primary

011

Category/
Type

Candidate Name

Reed, Thomas, W., , II.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2017

FEC Identification Number

C C00464032

Transaction ID : 95EB616642I

Amount of Each Disbursement this Period

1000.00

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

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

FEC Identification Number

C

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

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

1000.00

39000.00
