

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="94125.67"/>	<input type="text" value="94125.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="216009.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="19483.24"/>	<input type="text" value="719130.42"/>
(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="235492.82"/>	<input type="text" value="813256.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="33726.70"/>	<input type="text" value="611489.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="201766.12"/>	<input type="text" value="201766.12"/>
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).....	16788.32	662075.03
(ii) Unitemized	2694.92	54555.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19483.24	716630.42
(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)	19483.24	716630.42
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19483.24	719130.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19483.24	719130.42

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	1226.70	16989.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1226.70	16989.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	577000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2500.03
(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	2500.03
29. Other Disbursements	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33726.70	611489.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33726.70	611489.97

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)	19483.24	716630.42
34. Total Contribution Refunds (from Line 28(d))	0.00	2500.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19483.24	714130.39
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1226.70	16989.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1226.70	16989.94

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Christine D. Ambro
 Full Name (Last, First, Middle Initial)
 Mailing Address 454 Sackett Ct
 City Severna Park State MD Zip Code 21146-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Annapolis Dermatology Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2015
Transaction ID : 990D9D49C89482AA7B2
 Amount of Each Receipt this Period 500.00

B. Brock A. Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address 5016 Sarah Ct
 City Fruitland State ID Zip Code 83619-3813
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Snake River Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 03 / 2015
Transaction ID : 2C891E3A3EAA9E49E32
 Amount of Each Receipt this Period 50.00

C. Robert S. Bader
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 E Hillsboro Blvd Ste 204
 City Deerfield Beach State FL Zip Code 33441-4348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2015
Transaction ID : 81340AB1-C3F7-4612-
 Amount of Each Receipt this Period 500.00

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 8 OF 29
	<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. C. Drew Claudel
 Full Name (Last, First, Middle Initial)
 Mailing Address 805 Riverside Dr
 City Old Hickory State TN Zip Code 37138-3148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rivergate Dermatology, PLLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 04 / 2015
Transaction ID : 41BD824908E4DC8C5380
 Amount of Each Receipt this Period 50.00

B. Clay J. Cockerell
 Full Name (Last, First, Middle Initial)
 Mailing Address 4312 Arcady Ave
 City Dallas State TX Zip Code 75205-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cockerell Dermatopathology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 03 / 2015
Transaction ID : A47D29D74F5BC302BF7
 Amount of Each Receipt this Period 416.66

C. Brett M. Coldiron
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 River Hill Dr
 City Covington State KY Zip Code 41011-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Skin Cancer Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 03 / 2015
Transaction ID : 136B57E532D2E0DD9AD
 Amount of Each Receipt this Period 416.66

SUBTOTAL of Receipts This Page (optional).....▶	883.32
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 29
	<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. David Andrew Cowan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1283 Beechwood Blvd
 City Pittsburgh State PA Zip Code 15206-4542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BHS Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 03 / 2015
Transaction ID : A8A552A903C1B953A4F
 Amount of Each Receipt this Period 200.00

B. Kevin M. Crouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Doe Run Trl
 City Mountain Top State PA Zip Code 18707-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 11 / 2015
Transaction ID : 1285723F81A33EC0DC6
 Amount of Each Receipt this Period 300.00

C. Michael J. Dacey
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 27 / 2015
Transaction ID : 4D0B9C903A2320D697D8
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.00
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 29
<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. Michael J. Dannenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Main St
 City State Zip Code
 Huntington NY 11743-6917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dermatology Associates of Huntington, Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : 37753A08-D13B-4DDA-
 Amount of Each Receipt this Period
 275.00

B. William Patrick Davey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3204 Winged Foot Cir
 City State Zip Code
 Lexington KY 40509-8465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Dermatology Consultants Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015
Transaction ID : 707A509B-38BE-4C60-
 Amount of Each Receipt this Period
 750.00

C. Steven R. Feldman
 Full Name (Last, First, Middle Initial)
 Mailing Address Medical Center Blvd
 Department of Dermatology
 City State Zip Code
 Winston Salem NC 27157-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WFU - School of Medicine 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
 11 / 09 / 2015
Transaction ID : BA53490A-B422-49C9-
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	1275.00
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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Shawna A. Flanagan		Date of Receipt 11 / 09 / 2015 Transaction ID : 9891A389-963C-42CE-
Mailing Address 600 Heritage Dr Ste 101		Amount of Each Receipt this Period 1000.00
City Jupiter	State FL	
Zip Code 33458-3098		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Heidi E. Fleischmann		Date of Receipt 11 / 20 / 2015 Transaction ID : 978AD1DA-3678-4C50-
Mailing Address 1512 Cornell Dr NE		Amount of Each Receipt this Period 250.00
City Albuquerque	State NM	
Zip Code 87106-3704		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer New Mexico Dermatology Associates	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Scott Goffin		Date of Receipt 11 / 13 / 2015 Transaction ID : 4A9783EFC563B9AE9A4B
Mailing Address 44 Kalliste HI		Amount of Each Receipt this Period 50.00
City Great Barrington	State MA	
Zip Code 01230-1182		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dermatology Center in the Berkshires	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
<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. Gary Goldenberg
Full Name (Last, First, Middle Initial)

Mailing Address 5 E 98th St
Department of Dermatology, Mailbox

City New York State NY Zip Code 10029-6501

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

Name of Employer Mount Sinai School of Medicine Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 09 / 2015
Transaction ID : 8DA0C8A8-4D97-4FAD-

Amount of Each Receipt this Period
500.00

B. Barbara Greenan
Full Name (Last, First, Middle Initial)

Mailing Address 9418 Balfour Drive

City Bethesda State MD Zip Code 20814

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

Name of Employer American Academy Of Dermatology Occupation Association Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
685.00

Date of Receipt
11 / 03 / 2015
Transaction ID : F00AFA53CA46A0A44E5

Amount of Each Receipt this Period
45.00

C. Michael Alan Greenberg
Full Name (Last, First, Middle Initial)

Mailing Address 920 Suffield Terrace

City Northbrook State IL Zip Code 60062

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

Name of Employer Illinois Dermatology Institute, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
11 / 03 / 2015
Transaction ID : 3803018E5A3AF70F7B1

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 595.00

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 29
<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. Yolanda Rosi Helfrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Pittsview Dr
 City Ann Arbor State MI Zip Code 48108-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan, Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 03 / 2015
Transaction ID : 2E6374645924681F78C
 Amount of Each Receipt this Period 125.00

B. Richard Peele James Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2315 Salcedo Ave
 City Savannah State GA Zip Code 31406-4243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgia Mohs and Skin Cancer Center Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 09 / 2015
Transaction ID : F911F6C4-39BA-4B3D-
 Amount of Each Receipt this Period 1000.00

C. Kay A. Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 3123 Green Meadow Dr
 City San Angelo State TX Zip Code 76904-6977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bel-Ami Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 24 / 2015
Transaction ID : B7EE22EF-9A69-46C8-
 Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1425.00
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 29
	<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. Sewon Kang
Full Name (Last, First, Middle Initial)

Mailing Address 1550 Orleans St
Department of Dermatology Cancer R

City Baltimore State MD Zip Code 21287-0014

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

Name of Employer Johns Hopkins Univ Sch of Medicine Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 09 / 2015
Transaction ID : **BCA9979D-3FE9-42DE-**

Amount of Each Receipt this Period
500.00

B. George C. Keough
Full Name (Last, First, Middle Initial)

Mailing Address 12224 Ansley Ct

City Knoxville State TN Zip Code 37934-1524

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

Name of Employer Knoxville Dermatology Group Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
11 / 09 / 2015
Transaction ID : **722A8F34-AD0D-4BB4-**

Amount of Each Receipt this Period
365.00

C. Helen Y. Kim-James
Full Name (Last, First, Middle Initial)

Mailing Address 100 Chesterfield Business Pkwy
Ste 110

City Chesterfield State MO Zip Code 63005-1271

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

Name of Employer Chesterfield Valley Dermatology, PC Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 07 / 2015
Transaction ID : **4FD78E9AACDFEDA04825**

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	915.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Hazle Smith Konerding		Date of Receipt
Mailing Address 205 Cyril Ln		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City	State	Zip Code
Richmond	VA	23229-7740
FEC ID number of contributing federal political committee.		Transaction ID : 557AD611D1C9A50905B
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
Name of Employer	Occupation	
Commonwealth Dermatology PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4583.37"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Craig A. Kornreich		Date of Receipt
Mailing Address 20 Fairbanks Blvd		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Woodbury	NY	11797-2619
FEC ID number of contributing federal political committee.		Transaction ID : 4B5086102C3F2DD9FE80
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Self Employed	Dermatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anne E. Laumann		Date of Receipt
Mailing Address 21 E Huron St Apt 2705		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60611-3930
FEC ID number of contributing federal political committee.		Transaction ID : B7CC4F48-C6EB-4BFA-
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
Dermatology Dept Northwestern Univ.	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="766.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 16 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Stuart S. Leicht
 Full Name (Last, First, Middle Initial)
 Mailing Address 272 Lake Meadow Dr
 City Johnson City State TN Zip Code 37615-4081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ETSU Physicians and Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2015
Transaction ID : B8B0271911BA9A5D08E
 Amount of Each Receipt this Period 1000.00

B. David J. Levine
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Asheforde Dr
 City Marietta State GA Zip Code 30068-1861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Center For Dermatologic Diseases Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2015
Transaction ID : 043953305214D68D16A
 Amount of Each Receipt this Period 500.00

C. Mac Lee Machan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6460 Mecial Center Suite 350
 City Las Vegas State NV Zip Code 89148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical Dermatology and Laser Center Occupation Surgical Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 03 / 2015
Transaction ID : B46A3D5CD8F68836BED
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ► 1550.00
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 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Elizabeth Shannon Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 861 Tulip Poplar Dr
 City Hoover State AL Zip Code 35244-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pure Dermatology & Aesthetics, PC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **11 / 03 / 2015**
Transaction ID : 04CE9263D9879F082C0
 Amount of Each Receipt this Period **100.00**

B. Joseph M. Masessa
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Green Pond Rd
 City Rockaway State NJ Zip Code 07866-2052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Jersey Dermatology Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 21 / 2015**
Transaction ID : EFE518B5-A1C8-401D-
 Amount of Each Receipt this Period **500.00**

C. Russell D. Metz
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Solana Rd Ste B
 City Ponte Vedra Beach State FL Zip Code 32082-2231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaches Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 16 / 2015**
Transaction ID : 51743169-39A4-430A-
 Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
<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. Harold D. New
Full Name (Last, First, Middle Initial)
Mailing Address 14473 Wallace Pike
City Abingdon State VA Zip Code 24210-8190
FEC ID number of contributing federal political committee. **C**
Name of Employer MSMG Dermatology of Abingdon Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 18 / 2015
Transaction ID : 4A849A739CF764C514BE
Amount of Each Receipt this Period 50.00

B. Daniel J. Parsons
Full Name (Last, First, Middle Initial)
Mailing Address 3105 Willow Oak Rd
City Charlotte State NC Zip Code 28209-1517
FEC ID number of contributing federal political committee. **C**
Name of Employer Charlotte Medical Clinic Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 03 / 2015
Transaction ID : FDD82B03ACE1163BB9E
Amount of Each Receipt this Period 50.00

C. Gerald E. Peters Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 265 SE Soft Tail Dr
City Bend State OR Zip Code 97702-9342
FEC ID number of contributing federal political committee. **C**
Name of Employer Mohs Surgery Unit/Dermatology Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 25 / 2015
Transaction ID : 2BAA8B1EB4FFB744267
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
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 29
	<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. Christine Poblete-Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 27764 Berringer Run
 City Westlake State OH Zip Code 44145-3037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015
Transaction ID : 09130B4058F576AF0AC
 Amount of Each Receipt this Period
 100.00

B. Ronald B. Prussick
 Full Name (Last, First, Middle Initial)
 Mailing Address 11102 S Glen Rd
 City Potomac State MD Zip Code 20854-1845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015
Transaction ID : 616381391584D390E3F
 Amount of Each Receipt this Period
 250.00

C. Elisa M. Roberts
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Walden Ridge Dr Ste 200
 City Asheville State NC Zip Code 28803-8587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skyland Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015
Transaction ID : F582285D-2A10-45DB-
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Daniel M. Siegel
Full Name (Last, First, Middle Initial)

Mailing Address 33 Hitherbrook Rd

City Saint James State NY Zip Code 11780-1014

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

Name of Employer Long Island Skin Cancer And Dermatolog Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 03 / 2015
Transaction ID : 2BAF7C7917C2EB2ACBD

Amount of Each Receipt this Period 416.66

B. Kristin W. Smallwood
Full Name (Last, First, Middle Initial)

Mailing Address 56 Crystal River Drive

City Cocoa Beach State FL Zip Code 32931

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

Name of Employer Atlantic Dermatology, LLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2015
Transaction ID : 55256DA474FE9DBC358

Amount of Each Receipt this Period 300.00

C. Joseph Sobanko
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Washington Ave
Villa 6

City Philadelphia State PA Zip Code 19147-3839

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

Name of Employer Hospital of The Univ of Pennsylvania Occupation Dermatologic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 283.34

Date of Receipt 11 / 21 / 2015
Transaction ID : 4B248B2057362B30A612

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 758.33

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 21 OF 29
	<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. Sabra Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 242 Hidden Oaks Dr

City Ridgeland State MS Zip Code 39157-7000

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

Name of Employer Dermatology Associates, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1116.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : 5CAEB5E7A712B89E7E0

Amount of Each Receipt this Period
 208.33

B. Claudia P. Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 01225 SW Mary Failing Dr

City Portland State OR Zip Code 97219-8347

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

Name of Employer Dermatology Professionals Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2015

Transaction ID : 4F738D6185C3B48D5CA5

Amount of Each Receipt this Period
 41.67

C. Carmen A. Traywick
Full Name (Last, First, Middle Initial)

Mailing Address 350 Fording Island Rd Ste 100

City Bluffton State SC Zip Code 29910-5168

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2015

Transaction ID : C1CFC4D1-E3A2-4B58-

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : VC916ED9B93C1D1F51B8

Amount of Each Disbursement this Period

589.93

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
VS/MC Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : VF2C5639536D2A0EE4D3

Amount of Each Disbursement this Period

636.77

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1226.70

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

1226.70

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 77805

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

William H. Flores

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : C56FEEEE8D0A6870BF72

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City State Zip Code
New York NY 10016

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Charles E. Schumer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : 43E472F4F97178BAE18

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Grassley Committee Inc

Mailing Address PO Box 1000

City State Zip Code
Des Moines IA 50304-1000

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Charles E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : 57214C7D7182A449160

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Jason Smith for Congress

Mailing Address PO Box 1324

City State Zip Code
Cape Girardeau MO 63702-1324

Purpose of Disbursement
2016 Primary

Candidate Name

Jason Thomas Smith

Office Sought: House
 Senate
 President

State: MO District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : 358881B427DBA567D4E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kuster for Congress, Inc

Mailing Address PO Box 1498

City State Zip Code
Concord NH 03302

Purpose of Disbursement
2016 Primary

Candidate Name

Ann McLane Kuster

Office Sought: House
 Senate
 President

State: NH District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

Transaction ID : D269F412B1AC86AE047

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kuster for Congress, Inc

Mailing Address PO Box 1498

City State Zip Code
Concord NH 03302

Purpose of Disbursement
2016 Primary

Candidate Name

Ann McLane Kuster

Office Sought: House
 Senate
 President

State: NH District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Transaction ID : AD60086A162DB5F23C4

Amount of Each Disbursement this Period

500.00

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
2016 Primary

011

Candidate Name

Sander M. Levin

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	1	5

Transaction ID : B2DDE8FD27A0F3C94F6

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Lois Frankel for Congress

Mailing Address PO Box 812421

City Boca Raton State FL Zip Code 33481

Purpose of Disbursement
2016 Primary

011

Candidate Name

Lois Jane Frankel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 22

Date of Disbursement

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

Transaction ID : D6490480DFF9678357

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Maloney for Congress

Mailing Address 49 East 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
2016 Primary

011

Candidate Name

Carolyn B. Maloney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

Transaction ID : 402CCDDC309010B62A2

Amount of Each Disbursement this Period

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mark Allan Takano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : 4C8CD1C45AB11EF1386

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address PO Box 642

City Morgantown State WV Zip Code 26507

Purpose of Disbursement
2016 Primary

011

Candidate Name

David B. McKinley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : 2E3311C4DE8721A0DA8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

New Pioneers PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

Transaction ID : E71A29EB035DEA8E79F

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. People for Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
2016 Primary

011

Candidate Name

Derek Kilmer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2015

Transaction ID : C3206967A3675F9B01D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Prosperity Action Inc.

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 22314-2000

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Prosperity Action Inc.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : B6C67AAE5E74D58C88E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steven Jay Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : 4629F3E264E5E142F16

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. The Bill Keating Committee

Mailing Address PO Box 3065

City Buzzards Bay State MA Zip Code 02532

Purpose of Disbursement
2016 Primary

011

Candidate Name

William Richard Keating

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			19			2015			

Transaction ID : F7C582F0E26487A3007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2016 Primary

011

Candidate Name

Gregory Paul Walden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : CB866564E9B8ACFA88A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2016 Primary

011

Candidate Name

Brad R. Wenstrup

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

Transaction ID : 9743C6D5D344091C599

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

32500.00
