



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		204940.53
(b) Cash on Hand at Beginning of Reporting Period.....	236649.71	
(c) Total Receipts (from Line 19) .....	13407.98	572837.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	250057.69	777778.41
7. Total Disbursements (from Line 31).....	47470.67	575191.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	202587.02	202587.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

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).....	9380.42	507546.84
(ii) Unitemized .....	4027.56	57791.04
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13407.98	565337.88
(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) .....	13407.98	565337.88
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	7500.00
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))..... ▶	13407.98	572837.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13407.98	572837.88

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	470.67	12391.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	470.67	12391.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	562000.00
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	800.00
(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	800.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47470.67	575191.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47470.67	575191.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	13407.98	565337.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13407.98	564537.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	470.67	12391.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	470.67	12391.39

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Mireille Claude Algazi**

Mailing Address 7534 E Camino Amistoso

City Tucson State AZ Zip Code 85750-7068

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

Name of Employer Occupation  
Camp Lowell Specialists Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 30 / 2013  
**Transaction ID : BD74F94039C3A3135E3**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Amir A. Bajoghli**

Mailing Address PO Box 7444

City Mc Lean State VA Zip Code 22106-7444

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

Name of Employer Occupation  
Skin & Laser Surgery Center, PC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 30 / 2013  
**Transaction ID : C22868CD6B7087002D4**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 156 W Superior St

City Chicago State IL Zip Code 60654-8764

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

Name of Employer Occupation  
Univ Dermatology Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 11 / 2013  
**Transaction ID : 53406F21AEDA68E9965**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<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. 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 ▼ 2500.00

Date of Receipt 12 / 11 / 2013  
**Transaction ID : E2C7D0915011DFAD32E**  
 Amount of Each Receipt this Period 500.00

**B. Ronald H. Falcon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 604 E Park Ave  
 City Long Beach State NY Zip Code 11561-2505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Island Dermatology, PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 12 / 27 / 2013  
**Transaction ID : 274A839A-D123-4011-**  
 Amount of Each Receipt this Period 275.00

**C. Lawrence J. Green**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15005 Shady Grove Rd Ste 440  
 City Rockville State MD Zip Code 20850-6363  
 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 ▼ 2100.00

Date of Receipt 12 / 16 / 2013  
**Transaction ID : A268AB2D-21FF-472E-**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1775.00  
**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 21
<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) <b>A. Barbara Greenan</b>		Date of Receipt
Mailing Address 9418 Balfour Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bethesda	MD	20814
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 810402A95200AF68CB6</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Academy Of Dermatology	Association Management	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="405.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Allan C. Harrington</b>		Date of Receipt
Mailing Address 7918 Greentree Rd		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bethesda	MD	20817-1302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : E0CD9DD7-E0ED-42CA-</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Anne Arundel Dermatology	Mohs Surgeon	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Yolanda Rosi Helfrich</b>		Date of Receipt
Mailing Address 3100 Pittsview Dr		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ann Arbor	MI	48108-2902
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : D43B89344C089283000</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Univ of Michigan, Dermatology	Dermatologist	<input type="text" value="30.42"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="243.36"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="575.42"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 21
<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. Stephen E. Helms**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 Glenwood Bnd  
 City Madison State MS Zip Code 39110-6575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Warren Dermatology and Allergy Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 17 / 2013**  
**Transaction ID : EEF922E9-6F43-488A-**  
 Amount of Each Receipt this Period **500.00**

**B. John Albert Kazmierowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 233 NW 16th Avenue  
 City Portland State OR Zip Code 97209-2630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allergy Asthma & Dermatology Associate Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 23 / 2013**  
**Transaction ID : 6FB8E4AE487A8D8AC17**  
 Amount of Each Receipt this Period **500.00**

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

Date of Receipt **12 / 11 / 2013**  
**Transaction ID : B8D0C1B19A2940F2E0A**  
 Amount of Each Receipt this Period **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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. John C. Long Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2578 John Anderson Dr

City Ormond Beach State FL Zip Code 32176-2404

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 ▼  
600.00

Date of Receipt  
12 / 20 / 2013  
**Transaction ID : BDEFA55716A8DE77F79**

Amount of Each Receipt this Period  
600.00

**B. Paul B. Lundstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 21729 Holman Point Dr

City Nisswa State MN Zip Code 56468-2377

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

Name of Employer Self Employed  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : D76FE2BA-2378-4947-**

Amount of Each Receipt this Period  
1000.00

**C. Elizabeth Shannon Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 861 Tulip Poplar Dr

City Hoover State AL Zip Code 35244-1639

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

Name of Employer Pure Dermatology & Aesthetics, PC  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
12 / 11 / 2013  
**Transaction ID : C3E1D47F4830B93B2C8**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<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. Charity Foster McConnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 308 Granny White Pike  
 City Brentwood State TN Zip Code 37027-5754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Franklin Dermatology Group, PLC Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : 50F2E72D0652F10BCFB**  
 Amount of Each Receipt this Period  
 100.00

**B. Daniel Kenneth McKenzie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24221 Calle De La Louisa Ste 400  
 City Laguna Hills State CA Zip Code 92653-7632  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2013  
**Transaction ID : 5F5CAF61-1AD5-406A-**  
 Amount of Each Receipt this Period  
 500.00

**C. Kurt Karl Mueller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address W5249 Knobloch Rd  
 City La Crosse State WI Zip Code 54601-2461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gundersen Lutheran Onalaska Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : 0DD18D147ACB1569A3D**  
 Amount of Each Receipt this Period  
 380.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 980.00  
**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 21
	<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 37827 Briar Lakes Dr  
 City Avon State OH Zip Code 44011-2190  
 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 ▼ 1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2013  
**Transaction ID : C2AED6000BFEAD66F72**  
 Amount of Each Receipt this Period  
 200.00

**B. Justin T. Roscoe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8388 Piping Rock Ct  
 City Millersville State MD Zip Code 21108-1448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Anne Arundel Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2013  
**Transaction ID : D2D6B09AFB2A661098C**  
 Amount of Each Receipt this Period  
 200.00

**C. Martin Gary Sands**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Dejarnet Pl  
 City Greensboro State GA Zip Code 30642-4858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology Associates 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  
 12 / 21 / 2013  
**Transaction ID : 18B1C981-DA5E-450E-**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<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. Misty Todd Sharp**

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 Westmoreland Dermatology & Surgery Cen Occupation Dermatologist / Dermatopathologist

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 / 24 / 2013

**Transaction ID : DE2CA366-716D-4793-**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Sabra Sullivan**

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 ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : 65108B67EC251A59A0C**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. James S. Waldman**

Mailing Address 2425 Stanley

City Tustin State CA Zip Code 92782-1275

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2013

**Transaction ID : 541FADC932B84985497**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 21  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Terry A. Westmoreland**

Mailing Address PO Box 8695  
2110 5th St. N

City Columbus State MS Zip Code 39705-0012

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

Name of Employer Westmoreland Dermatology & Surgery Cent Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 24 / 2013  
**Transaction ID : 2B085517-EA39-4759-**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9380.42

# 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

Transaction ID : V4FA86B1BC77B1D68B7F

Amount of Each Disbursement this Period

258.53

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

Transaction ID : V22F4D64EA476F7EB7F5

Amount of Each Disbursement this Period

212.14

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

470.67

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

470.67

**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. 21st Century Majority Fund**

Mailing Address 6065 Roswell Road, #2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**21st Century Majority Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : E1C55DEBFD5FBA1401A**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Adrian Smith for Congress**

Mailing Address 3321 Avenue I  
Suite 6

City Scottsbluff State NE Zip Code 69361-4587

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Adrian M. Smith**

Office Sought:  House  
 Senate  
 President

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

State: NE District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : BD27E90C0B5540E4492**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

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

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : B29ACF0839E7048C539**

Amount of Each Disbursement this Period

1500.00

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

9000.00

**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. Bennet for Colorado**

Mailing Address PO Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2013

**Transaction ID : A05D887D1DB80DEE3A5**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address PO Box 6207

City State Zip Code  
Bryan TX 77805

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**William H. Flores**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : 592EC2F7E72406BC420**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City State Zip Code  
Allentown PA 18105

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Charles W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : D6F846FC5AB0B9FE506**

Amount of Each Disbursement this Period

2500.00

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

5500.00

**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. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Henry A. Waxman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

Transaction ID : CF96FBCC12633CF0C61

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Cooper for Congress**

Mailing Address C/O Dglf Cpas & Business Advisors  
PO Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Jim Cooper**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : 9DCD53742D77FED4508

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Donna Christensen Campaign**

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Donna Marie Christensen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2013

Transaction ID : 413AFB632DD3723C85A

Amount of Each Disbursement this Period

1500.00
---------

**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. Engel for Congress**

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Eliot L. Engel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

Transaction ID : AE2121FDE7B368BF7DD

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Leadership of Today and Tomorrow**

Mailing Address 700 13th Street, NW  
Suite 600

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Leadership of Today and Tomorrow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

Transaction ID : 0CAA926395DD2EA8561

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Majority Committee PAC--Mc PAC**

Mailing Address PO Box 10134

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name

**Majority Committee PAC--Mc PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

Transaction ID : 56DEF17082FA17FA20C

Amount of Each Disbursement this Period

5000.00
---------

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

8500.00
---------

**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. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : A707B9D16C2BD32B77D**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Paul Tonko for Congress**

Mailing Address 911 Central Avenue  
PO Box 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Paul D. Tonko**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : A0A01E33CB3CC024903**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Schock for Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Aaron Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: IL District: 18

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

**Transaction ID : 64CB58601D8728E4A4D**

Amount of Each Disbursement this Period

2500.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Shore PAC**

Mailing Address PO Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2013 Contribution

011

Category/  
Type

Candidate Name  
**Shore PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013

**Transaction ID : A871E2EEBCDA9701CCC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Simpson for Congress**

Mailing Address 1487 Parkway Drive

City State Zip Code  
Blackfoot ID 83221

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Michael K. Simpson**

Office Sought:  House  
 Senate  
 President

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

State: ID District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2013

**Transaction ID : 45EF0F37BCFB18DEB1A**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Walden for Congress**

Mailing Address PO Box 1091

City State Zip Code  
Hood River OR 97031-0037

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Gregory P. Walden**

Office Sought:  House  
 Senate  
 President

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

State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : 1B3A902C8EC2FDE1DFF**

Amount of Each Disbursement this Period

1500.00

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

9000.00

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

47000.00