

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00359539 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 06 / 01 / 2014 through 06 / 30 / 2014

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

Signature of Treasurer Steven Debnar [Electronically Filed] Date 07 / 09 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>		<input type="text" value="202587.02"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="433560.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28943.89"/>	<input type="text" value="628740.48"/>
(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="462504.66"/>	<input type="text" value="831327.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="198597.75"/>	<input type="text" value="567420.59"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="263906.91"/>	<input type="text" value="263906.91"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	25930.49	589723.80
(ii) Unitemized .....	3013.40	36516.68
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28943.89	626240.48
(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) .....	28943.89	626240.48
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))..... ▶	28943.89	628740.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28943.89	628740.48

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	1597.75	14920.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1597.75	14920.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	197000.00	525500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	27000.00
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)) ..	198597.75	567420.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	198597.75	567420.59

**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) .....	28943.89	626240.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28943.89	626240.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1597.75	14920.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1597.75	14920.59

**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 49
<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. John Adnot**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 S. Hulen, Suite 400

City Fort Worth State TX Zip Code 76109

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

Name of Employer Self-Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : F6DA6371E305AD90AE4**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5439 Lester Aly

City Colorado Springs State CO Zip Code 80924-8147

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

Name of Employer Colorado Dermatology Institute  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.33

Date of Receipt  
06 / 28 / 2014  
**Transaction ID : 40E880A1D0738F845E90**

Amount of Each Receipt this Period  
83.33

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

Mailing Address 693 Lake Shore Rd

City Grosse Pointe Shor State MI Zip Code 48236-1832

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

Name of Employer Henry Ford Medical Center-Columbus  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 0FAB802A6013F9B303A**

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1833.33
<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 49
<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. Bonnie L. Barsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Ravine Ter

City Highland Park State IL Zip Code 60035-3347

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

Name of Employer Dermatology of Partner of North Shore Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2014  
**Transaction ID : 82443DB9F0902311C51**

Amount of Each Receipt this Period 250.00

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

Mailing Address 10 Sherwood Ln

City Cedarhurst State NY Zip Code 11516-2619

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

Name of Employer City Central Dermatology Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : F9269610AE4FCA83A1F**

Amount of Each Receipt this Period 182.50

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

Mailing Address 2035 General Pershing St

City New Orleans State LA Zip Code 70115-5435

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

Name of Employer Tulane Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : E3FC5B71688A1A27F2C**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 932.50

**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 49
	<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. Clarence William Brown Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6049 N Claremont Ave  
 City Chicago State IL Zip Code 60659-5257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 10 / 2014**  
**Transaction ID : 28CBA0CB0353980162C**  
 Amount of Each Receipt this Period **100.00**

**B. Anita L. Cham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Cakaus Road  
 City Randolph State NJ Zip Code 01869  
 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 **365.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : F92926E50C9607AE4BD**  
 Amount of Each Receipt this Period **365.00**

**C. Joseph J. Chanda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Silver Palm Ave  
 City Melbourne State FL Zip Code 32901-3143  
 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 **06 / 17 / 2014**  
**Transaction ID : 78311BDD-963A-4D05-**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>965.00</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 9 OF 49
<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. Tinyee Tsai Chang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4394 Kestrel Ct  
City Redding State CA Zip Code 96002-3550  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tinyee Tsai Chang, MD Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 24 / 2014  
Transaction ID : **0A1102D0140921E0D30**  
Amount of Each Receipt this Period 365.00

**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 ▼ 2000.00

Date of Receipt 06 / 02 / 2014  
Transaction ID : **6A0A9D7CBBBF816EF96**  
Amount of Each Receipt this Period 500.00

**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 ▼ 3000.00

Date of Receipt 06 / 02 / 2014  
Transaction ID : **C34D25DC09FDE47C209**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1365.00  
**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 49
	<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. Cary L. Dunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 Bayshore Dr

City Osprey State FL Zip Code 34229-9581

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

Name of Employer West Coast Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 24 / 2014  
Transaction ID : **CBE80F714C532733F3A**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9500 W Terrapin Ridge Rd

City Columbia State MO Zip Code 65203-9661

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

Name of Employer Univ of Missouri Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 10 / 2014  
Transaction ID : **9D43DE52FE5A4008E43**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 11 Roseville Ct

City Belvedere Tiburon State CA Zip Code 94920-1319

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

Name of Employer Confluence Occupation SW Exec.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 24 / 2014  
Transaction ID : **A559098BEB03AFF47CF**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
<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. Jeanne Marie Franck</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : 61553245-734C-484C-</b>
Mailing Address 520 Franklin Ave Ste 207		Amount of Each Receipt this Period 2500.00
City Garden City	State Zip Code NY 11530-5815	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sharon A. Glick</b>		Date of Receipt MM / DD / YYYY 06 / 10 / 2014 <b>Transaction ID : 9EC204505E38D075409</b>
Mailing Address 11 5th Avenue, Apt. 10-G		Amount of Each Receipt this Period 250.00
City New York	State Zip Code NY 10003	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barbara Greenan</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2014 <b>Transaction ID : 57470649D220CFD6778</b>
Mailing Address 9418 Balfour Drive		Amount of Each Receipt this Period 45.00
City Bethesda	State Zip Code MD 20814	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 270.00
Name of Employer American Academy Of Dermatology	Occupation Association Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2795.00
<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 12 OF 49
<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. Shannon I. Heck</b>		Date of Receipt
Mailing Address 4160 N 55th Pl		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Phoenix	State AZ	Zip Code 85018-4525
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : F3930C867ABDFDA2239</b>
Name of Employer Southwest Skin Specialists		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="800.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Andrew M. Herbst</b>		Date of Receipt
Mailing Address 5 White Birch Rdg		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Weston	State CT	Zip Code 06883-3026
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : B0D50E67A659429330D</b>
Name of Employer Skin Cancer Center of Fairfield County		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="1500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Steven Lee Hubert</b>		Date of Receipt
Mailing Address 56 Stone Cliff Rd		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Princeton	State NJ	Zip Code 08540-2329
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : FEC3046DA05E71A82EF</b>
Name of Employer Lawrenceville Dermatology Associates		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="365.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2065.00"/>
<b>TOTAL</b> 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: (check only one)	PAGE 13 OF 49
	<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. Kay A. Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 606 Ashford Dr  
 City San Angelo State TX Zip Code 76901-5201  
 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 **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : A06F3D3E20FDDA8DE77**  
 Amount of Each Receipt this Period  
**100.00**

**B. Don Friday King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7937 Painter Avenue  
 City Whittier State CA Zip Code 90602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Preferred Dermatology Occupation 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  
 06 / 02 / 2014  
**Transaction ID : 72FB4CAF170AFA54116**  
 Amount of Each Receipt this Period  
**250.00**

**C. Brenda Chrastil Latowsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11801 E Parkview Ln  
 City Scottsdale State AZ Zip Code 85255-5936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Clear Dermatology and Aesthetics Cente 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  
 06 / 03 / 2014  
**Transaction ID : A162C0C2679D4B19A21**  
 Amount of Each Receipt this Period  
**450.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>800.00</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 14 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Brenda Chrastil Latowsky**

Mailing Address 11801 E Parkview Ln

City State Zip Code  
Scottsdale AZ 85255-5936

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

Name of Employer Occupation  
Clear Dermatology and Aesthetics Cente 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  
 06 / 03 / 2014  
**Transaction ID : 8C2B4A786779FF6F532**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 90 Overhill Rd

City State Zip Code  
Orinda CA 94563-3131

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

Name of Employer Occupation  
UCSF Dermatopathology 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  
 06 / 24 / 2014  
**Transaction ID : 14870F7AF57582F0A34**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 861 Tulip Poplar Dr

City State Zip Code  
Hoover AL 35244-1639

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

Name of Employer Occupation  
Pure Dermatology & Aesthetics, PC 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  
 06 / 02 / 2014  
**Transaction ID : CB3CF3975972F368869**

Amount of Each Receipt this Period  
100.00

<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 15 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Philip Dale Meador Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 W Mason St  
 City Franklinton State NC Zip Code 27525-1336  
 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 M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : C5A9C75DCB212B59B94**  
 Amount of Each Receipt this Period  
**250.00**

**B. Charles W. Miller III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Sappington Spur  
 City Saint Louis State MO Zip Code 63122-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatological Care, Inc. Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 24 / 2014  
**Transaction ID : 334A738878339E65AA4**  
 Amount of Each Receipt this Period  
**365.00**

**C. Elaine Kay Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5310 Temple Hall Hwy  
 City Granbury State TX Zip Code 76049-2640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology Associates of Parker Count Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : 0A9F4C59FE29E8E32F6**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>865.00</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 16 OF 49
	<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. Norman Minars**

Mailing Address 4801 N 33rd Ct

City Hollywood State FL Zip Code 33021-2318

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

Name of Employer Minars Dermatology and Laser Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : F1769E5E2071EA77551**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 425 Windwood Lake Dr

City Cape Girardeau State MO Zip Code 63701-9587

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

Name of Employer Advanced Dermatology of Southeast Miss Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 5DE0849B3AE3731C34E**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2407 SW 149th Pl

City Burien State WA Zip Code 98166-1624

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

Name of Employer Cascade Eye & Skin Centers Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
06 / 02 / 2014  
**Transaction ID : BF60E7FE580707EBB90**

Amount of Each Receipt this Period  
125.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
	<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. Earl S. Pearson**  
Full Name (Last, First, Middle Initial)

Mailing Address 573 W. Putnam Avenue

City Porterville State CA Zip Code 93257-3270

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 ▼ 1500.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : ADB5686DF378A4ED765**

Amount of Each Receipt this Period 1500.00

**B. 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 ▼ 500.00

Date of Receipt 06 / 02 / 2014  
**Transaction ID : FBF617E05B8EBDD4D6F**

Amount of Each Receipt this Period 100.00

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

Mailing Address 1521 Wildhorse Parkway Dr

City Chesterfield State MO Zip Code 63005-4240

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

Name of Employer Skin Surgery Center of Missouri Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2014  
**Transaction ID : 24196F9575465A73813**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2100.00

**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 49
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Phoebe Rich</b>		Date of Receipt MM / DD / YYYY 06 / 19 / 2014
Mailing Address 11701 SW Riverwood Rd		<b>Transaction ID : F97C1F707FB185FEC41</b>
City Portland	State OR	Zip Code 97219-8452
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 3000.00	
Name of Employer Oregon Dermatology & Research Center	Occupation Physician	Aggregate Year-to-Date ▼ 3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Matthew R. Ricks</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2014
Mailing Address 5316 SW 40th Ter		<b>Transaction ID : 44A09E3C8B1367162198</b>
City Topeka	State KS	Zip Code 66610-2409
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer Stormont-Vail HealthCare	Occupation Dermatologist	Aggregate Year-to-Date ▼ 416.65
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven M. Rotter</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 8301 Old Courthouse		<b>Transaction ID : 13FAF19299D2FBEC145</b>
City Vienna	State VA	Zip Code 22182-3804
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Center for Skin Surgery	Occupation Dermatologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3583.33
<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 19 OF 49
	<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. Keith E. Schulze**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4518 Teas St  
 City State Zip Code  
 Bellaire TX 77401-4223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fort Bend Skin Cancer Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : F69955665F74575F73A**  
 Amount of Each Receipt this Period  
 25.00

**B. Keith E. Schulze**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15400 Southwest Fwy Ste 150  
 City State Zip Code  
 Sugar Land TX 77478-3878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fort Bend Skin Cancer Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : 7A6EB2431F854E0F83FE**  
 Amount of Each Receipt this Period  
 340.00

**C. Jordan Schwartzberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7721 Newport Ln  
 City State Zip Code  
 Parkland FL 33067-2341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Boca Raton Skin Institute 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  
 06 / 24 / 2014  
**Transaction ID : 668142261F0E4C6E70D**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	865.00
<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 20 OF 49
	<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. Roy Stern Seidenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 W 79th St  
Apt 3W

City New York State NY Zip Code 10024-6126

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2014  
**Transaction ID : 7171F9BC1675B412B3A**

Amount of Each Receipt this Period 300.00

**B. 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 ▼ 1562.66

Date of Receipt 06 / 02 / 2014  
**Transaction ID : 6B0335DB346FF9AE096**

Amount of Each Receipt this Period 573.00

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

Mailing Address 1115 Neil Ave

City Columbus State OH Zip Code 43201-3117

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

Name of Employer Center for Surgical Dermatology Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 24 / 2014  
**Transaction ID : 0FDC93D76EAE4B55CD5**

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1238.00

**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 21 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Stephen A. Spencer**

Mailing Address 1617 Tamiami Trl

City State Zip Code  
Port Charlotte FL 33948-1040

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

Name of Employer Occupation  
Coastal Dermatology and Skin Cancer Ct Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
06 / 22 / 2014  
**Transaction ID : B54173D3-FC14-4877-**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 24071 W River Rd

City State Zip Code  
Perrysburg OH 43551-9474

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

Name of Employer Occupation  
Dermatology Associates, Inc. Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
06 / 10 / 2014  
**Transaction ID : 5AF5ADFEA15F5FEA6CA**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 4525 SW Street

City State Zip Code  
Gainesville FL 32608

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
06 / 02 / 2014  
**Transaction ID : 07F68E52373773E8875**

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1765.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
	<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. 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 ▼ 600.00

Date of Receipt  
06 / 02 / 2014  
Transaction ID : **D0E4124B0885E15554D**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2983 Brighton Rd

City Shaker Heights State OH Zip Code 44120-1720

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

Name of Employer Cleveland Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
06 / 30 / 2014  
Transaction ID : **9AF3ACEA64E6D6E9F04**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 1303 Shepard Rd

City Wildwood State MO Zip Code 63038-1418

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

Name of Employer Skin Surgery Center of Missouri Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
06 / 24 / 2014  
Transaction ID : **E560F68E5578C3B1B46**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 23 OF 49
	<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. Dorota Michalek Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Atkinson Ln  
 City Newtown State PA Zip Code 18940-4225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Drexel Dermaotlogy Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 18 / 2014  
**Transaction ID : F44AF3CDA7458E16EE5**  
 Amount of Each Receipt this Period 550.00

**B. Cyndi Jill Yag-Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1340 Pelican Ave  
 City Naples State FL Zip Code 34102-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Dermatology and Skin Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 10 / 2014  
**Transaction ID : 97BA86074F5E6B068BD**  
 Amount of Each Receipt this Period 250.00

**C. Saryna Putman Young**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 Bruce Park Dr  
 City Greenwich State CT Zip Code 06830-7202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Westchester Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 25 / 2014  
**Transaction ID : 4F7DA17A34C74102C079**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....	883.33
<b>TOTAL</b> This Period (last page this line number only).....	25930.49

**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 M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : V4678B264E2947A5852A

Amount of Each Disbursement this Period

658.06
--------

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
MC/VS Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : VDF54B488984EE071FEF

Amount of Each Disbursement this Period

939.69
--------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

1597.75
---------

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

1597.75
---------



**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  
2014 Contribution

011

Candidate Name

**21st Century Majority Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 2117854035B45AB1B6B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Mailing Address PO Box 604

City Bel Air State MD Zip Code 21014

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Andrew P. Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: MD District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : AEC34C97263FDCEE9B6**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Becerra for Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 155F95CC2F643F727AB**

Amount of Each Disbursement this Period

4000.00

**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. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2014 General

011

Candidate Name

**Daniel J. Benishek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : B19F6D9E928364344FC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Bennet for Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 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  
06 / 16 / 2014

**Transaction ID : 4314C73308588F01107**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Bill Flores for Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement  
2014 General

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  
06 / 06 / 2014

**Transaction ID : 4EA50986AD486F60FA9**

Amount of Each Disbursement this Period

2500.00

**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. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2014 General

011

Candidate Name

**Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 76D111AF5E004073E0E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Chris Gibson for Congress**

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Christopher Patrick Gibson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 031C222AB956B083856**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Citizens for Cochran**

Mailing Address PO Box 7183

City Tupelo State MS Zip Code 38802

Purpose of Disbursement  
2014 Run-Off

011

Candidate Name

**William Thad Cochran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: Runoff

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 57FCCFA28B777AAD85E**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

9	5	0	0	0	0	0	0	0	0

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

9	5	0	0	0	0	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. Coffman for Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mike Coffman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2014

**Transaction ID : 6C946FB19A34B167747**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Collins for Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement  
2014 General

011

Candidate Name

**Susan Margaret Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : 6371D4D48A90A7A6972**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st St SE  
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Linda T. Sanchez**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	02	/	2014

**Transaction ID : A9FFAE91FA6FDE12434**

Amount of Each Disbursement this Period

1000.00
---------

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

6000.00
---------

**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. Dedicated To Establishing National Teamwork PAC (DENT PAC)**

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement  
2014 Contribution

011

Candidate Name  
**Dedicated To Establishing National Teamwork PAC (DENT PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

Transaction ID : AE11F82D9F0BA905E9D

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : 4419793B9EC7C6F9325

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Diana Degette for Congress**

Mailing Address PO Box 61337

City Denver State CO Zip Code 80206-8337

Purpose of Disbursement  
2014 Primary

011

Candidate Name  
**Diana L. DeGette**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

Transaction ID : FB1F5AB15C03E3F7F53

Amount of Each Disbursement this Period

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	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. 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

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 806A8180E3C34F9DDDA**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Freedom Project; the**

Mailing Address 320 1st Street SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Freedom Project; the**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 4038ECB5772913F56CC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Bob Johnson**

Mailing Address PO Box 16401

City State Zip Code  
Savannah GA 31416

Purpose of Disbursement  
2014 Run-Off

011

Category/  
Type

Candidate Name

**Robert Eugene Johnson M.D.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Runoff

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : DCBB349870FB223A04D**

Amount of Each Disbursement this Period

2500.00

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Cheri Bustos**

Mailing Address PO Box 77

City East Moline State IL Zip Code 61244

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Cheryl L. Bustos**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 5CAC6B0734462DFA57C**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Dan Maffei**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Daniel Benjamin Maffei**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 98BEA5A3CFD6C3BE54D**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Farr**

Mailing Address PO Box 122

City Monterey State CA Zip Code 93942

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Sam Farr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 6BC0C11B50CA7180F01**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	0	0	0	0	0	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. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Joseph R. Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : DB1DEE5E8229039E50A**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**John A. Boehner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 8B626E77913B76BDF41**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of John Delaney**

Mailing Address PO Box 70835

City Bethesda State MD Zip Code 20813

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**John K. Delaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 99D9518698988B98012**

Amount of Each Disbursement this Period

1000.00

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : CADF01EDF63616A42A6**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

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 M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37B7A7830113E7F825D**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Johnny Isakson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : E44523765C43F9D6DA7**

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. Gillibrand for Senate**

Mailing Address 236 Massachusetts Ave NE  
Suite 110

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Kirsten Elizabeth Gillibrand**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : 6D3010C26D8AF9283BD**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Gop Generation Y Fund**

Mailing Address PO Box 9055

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Gop Generation Y Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : EE2D77ED60E6E5971D2**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Grassroots Organizing Acting & Leading PAC - GoalPAC**

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Grassroots Organizing Acting & Leading PAC - GoalPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	4

**Transaction ID : B126D88A5BC86312CA9**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	0	0	0	0	0	0	0	0	0
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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. Gregg Harper for Congress**

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Gregory Harper**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 2911313BFD20B861097**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Healthcare Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 0CBAA4E292CD022392C**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2014 General

011

Candidate Name

**Adam Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 6617251B89C442028DA**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	1	5	0	0	0	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. Lance for Congress**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Leonard Lance**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 99FB6CA27A24EAA7DB0**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Lincoln PAC**

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Lincoln PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District: Contribution

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : CF50E15FD346D4A72A4**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2014 General

011

Candidate Name

**Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 73B923047877918E8F1**

Amount of Each Disbursement this Period

1500.00

**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. M-Pac**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**M-Pac**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 7153B430E2563D50643**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Making Business Excel Political Action Committee**

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Making Business Excel Political Action Committee**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 382A9F738F27A11275E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

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

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : EB153E4DE22194C41F8**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Doris O. Matsui**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : D141262EDF3EBC6F73A

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2014 General

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : B97A81D18A0051D5069

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Moran for Kansas**

Mailing Address PO Box 1151

City Hays State KS Zip Code 67601

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jerry Moran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : 6AA7A8533C4DBD08D1F

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	5	0	0	0	0	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. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 General

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : EBB23229C53F1723E69**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Narragansett Bay PAC**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Narragansett Bay PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : A9F609C6D069EB08BE2**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Narragansett Bay PAC**

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Narragansett Bay PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	4

**Transaction ID : 06E6E284F8818BB30DC**

Amount of Each Disbursement this Period

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

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	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. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : AAF6A3C6B8729450965**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. New York Jobs PAC**

Mailing Address PO Box 708

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**New York Jobs PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : FF4EA2FEC923F978DAE**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Nita Lowey for Congress**

Mailing Address PO Box 271

City White Plains State NY Zip Code 10605

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Nita M. Lowey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Contribution

State: NY District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : BAD0631B537FE8771E1**

Amount of Each Disbursement this Period

2500.00

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

10000.00

**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. Orrinpac**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Orrinpac**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2014

**Transaction ID : 7FA488FCB33CA8F31FE**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pascrell for Congress**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**William J. Pascrell Jr.**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 7A015DE549FF94A4CE5**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. 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

Category/  
Type

Candidate Name

**Paul D. Tonko**

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 3D150EE4643454FDAFB**

Amount of Each Disbursement this Period

2000.00

**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. People for Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Ben Ray Lujan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : CDEC661D4E35D419C23**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Promoting Our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244-2768

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Promoting Our Republican Team PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : E652919C27DFDB78967**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)**

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Republican Operation To Secure and Keep a Majority (ROSKAM PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : F5B3B0697503D241869**

Amount of Each Disbursement this Period

5000.00

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

10000.00

**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. Rodney for Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Rodney L. Davis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	4

Transaction ID : DD83BC1632EF6B3D6A1

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Ron Barber for Congress**

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Ron Barber**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

Transaction ID : 35F610F51BE68AB5FC1

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Paul Ryan**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

Transaction ID : C51E99721468A2E5A4C

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0

3	5	0	0	0	0	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. Schiff for Congress**

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

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Adam B. Schiff**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 5AB91BF20908D6CF58D**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Schock for Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Aaron Schock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 29E60738DB53A4766D2**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Scott H. Peters**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	4

**Transaction ID : 8C0A5DE774959D43761**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	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. Sean Patrick Maloney for Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Sean Patrick Maloney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 64B58615200798833F5**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Steve Israel for Congress Committee**

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Steve J. Israel**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 80EF63A52704139D170**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Steve Stivers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 4F0076B7D61D5DA3ACC**

Amount of Each Disbursement this Period

1000.00

**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. Tenn Political Action Committee Inc (TENN PAC)**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Tenn Political Action Committee Inc (TENN PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

**Transaction ID : 29661ADACC0A9BA3217**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. The Committee for the Preservation of Capitalism**

Mailing Address PO Box 65314

City Washington State DC Zip Code 20035-5314

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**The Committee for the Preservation of Capitalism**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			11			2014			

**Transaction ID : B909B79C5C7DE0F3D5A**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Hawkeye PAC**

Mailing Address PO Box 192

City Des Moines State IA Zip Code 50301

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**The Hawkeye PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2014			

**Transaction ID : FC54014C9960EC2CD0C**

Amount of Each Disbursement this Period

2500.00
---------

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

10000.00
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**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. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2014 General

011

Candidate Name

**Patrick J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	4

**Transaction ID : 7DB2F3670667130DBB0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Tim Bishop for Congress**

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Timothy H. Bishop**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 2A29D53EAB697EAC642**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Tom Reed for Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Thomas W. Reed II.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

**Transaction ID : 3D1F97FE06101C0B71D**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	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. Tomorrow Is Meaningful PAC-Tim PAC**

Mailing Address 203 South Union Street  
Ste 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Tomorrow Is Meaningful PAC-Tim PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 06 / 2014

**Transaction ID : 780269516F6F1F985FB**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Walorski for Congress Inc**

Mailing Address PO Box 954

City Mishawaka State IN Zip Code 46546-0954

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Jacqueline Walorski**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: IN District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 11 / 2014

**Transaction ID : 2A484EB3B5A4942907E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Welch for Congress**

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Peter F. Welch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: VT District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2014

**Transaction ID : 74218FB31343C175C1C**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement  
2014 General

011

Candidate Name

**Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6					2014

Transaction ID : DECBE430F2978A343F

Amount of Each Disbursement this Period

1000.00									
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Full Name (Last, First, Middle Initial)

**B. Whitfield for Congress Committee**

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
2014 General

011

Candidate Name

**Edward Whitfield**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1					2014

Transaction ID : CB96894904C5EAA735C

Amount of Each Disbursement this Period

2000.00									
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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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

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

3000.00									
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**TOTAL** This Period (last page this line number only)..... ▶

197000.00									
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