

**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="2015"/>	<input type="text" value="94125.67"/>	<input type="text" value="94125.67"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="252907.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40426.90"/>	<input type="text" value="555032.08"/>
(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="293334.84"/>	<input type="text" value="649157.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76569.56"/>	<input type="text" value="432392.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="216765.28"/>	<input type="text" value="216765.28"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33949.32	519457.42
(ii) Unitemized	6477.58	35574.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40426.90	555032.08
(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)	40426.90	555032.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40426.90	555032.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40426.90	555032.08

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1569.53	12392.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1569.53	12392.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	402500.00
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	2500.03	2500.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2500.03	2500.03
29. Other Disbursements	0.00	15000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76569.56	432392.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76569.56	432392.47

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)	40426.90	555032.08
34. Total Contribution Refunds (from Line 28(d))	2500.03	2500.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37926.87	552532.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1569.53	12392.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1569.53	12392.44

**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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. John R. Adams
Full Name (Last, First, Middle Initial)

Mailing Address 220 Fordham Rd.

City Manhattan State KS Zip Code 66503

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

Name of Employer: Advanced Dermatology and Skin Cancer C
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
06 / 04 / 2015
Transaction ID : **855C1EED5618E0C5090**

Amount of Each Receipt this Period
5000.00

B. Stephen D. Behlmer
Full Name (Last, First, Middle Initial)

Mailing Address 9 Mueller Ct

City Helena State MT Zip Code 59601-5446

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

Name of Employer: Assoc. Dermatology of Helena
Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 04 / 2015
Transaction ID : **C94595FE65876B28A79**

Amount of Each Receipt this Period
250.00

C. Jaye E. Benjamin
Full Name (Last, First, Middle Initial)

Mailing Address 2450 Snowberry Ln

City Pepper Pike State OH Zip Code 44124-4334

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
06 / 23 / 2015
Transaction ID : **E50BC322ACD52B70E06**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : 9B5DE4C392BD77D0077
 Amount of Each Receipt this Period
 500.00

B. Sharon Blakeley Bond
 Full Name (Last, First, Middle Initial)
 Mailing Address 2112 W 35th St
 City Kearney State NE Zip Code 68845-2712
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : 3B5C41DAA45F30D9440
 Amount of Each Receipt this Period
 100.00

C. 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 St. Joseph Dermatology Occupation Physician
 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 / 04 / 2015
Transaction ID : 9CE937A2E0D5522ABE2
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<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. Glenn H. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 7540 N 65th St

City Paradise Valley State AZ Zip Code 85253-4803

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 ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : 94585EC6FBA2F7F6A2C

Amount of Each Receipt this Period 250.00

B. Erica P. Canova
Full Name (Last, First, Middle Initial)

Mailing Address 14539 NW 11th Pl

City Newberry State FL Zip Code 32669-2966

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

Name of Employer Gainesville Dermatology & Skin Surgery Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : AF4A968360547F8BD1D

Amount of Each Receipt this Period 250.00

c. Christopher T. Cassetty
Full Name (Last, First, Middle Initial)

Mailing Address 54 Albert Dr

City Clinton State NJ Zip Code 08809-1279

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

Name of Employer Hunterdon Dermatology LLC Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : 1B720BA19D435A453B4

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<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. Robert Lane Chappell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Pepperidge Pl
 City Odessa State TX Zip Code 79761-2224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chappel-Rocco Dermatology, PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 16 / 2015**
Transaction ID : ABA44CB622E373D811F
 Amount of Each Receipt this Period **250.00**

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 **2499.96**

Date of Receipt **06 / 04 / 2015**
Transaction ID : FEDDA6EC751475EDF48
 Amount of Each Receipt this Period **416.66**

C. Brett M. Coldiron
 Full Name (Last, First, Middle Initial)
 Mailing Address 1105 River Hill Dr
 City Covington State KY Zip Code 41011-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Skin Cancer Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2499.96**

Date of Receipt **06 / 04 / 2015**
Transaction ID : 70C45EE4FAA2E9B23A8
 Amount of Each Receipt this Period **416.66**

SUBTOTAL of Receipts This Page (optional).....	1083.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<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. David Andrew Cowan
Full Name (Last, First, Middle Initial)

Mailing Address 1283 Beechwood Blvd

City Pittsburgh State PA Zip Code 15206-4542

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

Name of Employer BHS Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 20A7CD68FA6CC272C84

Amount of Each Receipt this Period
 200.00

B. Robert D. Durst Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5501 SW Moundview Dr

City Topeka State KS Zip Code 66610-2322

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

Name of Employer Dermatology PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 014B9E883D54AD17CBD

Amount of Each Receipt this Period
 4000.00

C. Michael J. Fazio
Full Name (Last, First, Middle Initial)

Mailing Address 2805 J Street Suite 100

City Sacramento State CA Zip Code 95816

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

Name of Employer Michael J. Fazio, MD, Inc. Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2015
Transaction ID : EA6102EC59E71A1DCF3

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	5200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
<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. David T. Harvey
 Full Name (Last, First, Middle Initial)
 Mailing Address 107 Kellsworth Way
 City Tyrone State GA Zip Code 30290-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Surgical & Cosmetic Dermatology, PC Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 06 / 11 / 2015
Transaction ID : 450D865A6A40C3497A5D
 Amount of Each Receipt this Period 41.67

B. Yolanda Rosi Helfrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Pittsview Dr
 City Ann Arbor State MI Zip Code 48108-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Michigan, Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 03 / 2015
Transaction ID : 46AE92F8F6B023D0A56E
 Amount of Each Receipt this Period 50.00

C. Andrew M. Herbst
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 White Birch Rdg
 City Weston State CT Zip Code 06883-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skin Cancer Center of Fairfield County Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 06 / 01 / 2015
Transaction ID : D8D4A926D5C3C6611BC
 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1591.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<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. Mark J. Holzberg
Full Name (Last, First, Middle Initial)

Mailing Address 981 Oakdale Rd NE

City Atlanta State GA Zip Code 30307-1271

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

Name of Employer Newnan Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : D61EBE55FDB0472B5A2

Amount of Each Receipt this Period
 500.00

B. David F. Jaffe
Full Name (Last, First, Middle Initial)

Mailing Address 701 Ontario St
PO Box 835

City Havre De Grace State MD Zip Code 21078-2729

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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : 7FE0ABD0668C1B5D751

Amount of Each Receipt this Period
 325.00

c. Sherri Kapel Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 1055 Saw Mill River Road

City Ardsley State NY Zip Code 10502

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2015

Transaction ID : 98085B16A73B8F32C02

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sherri Kapel Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1055 Saw Mill River Road
 Suite 208
 City Ardsley State NY Zip Code 10502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dermatologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : E5AB992FAABA5481C81
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 500.00

B. John Albert Kazmierowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 12575 NE Marx Street
 City Portland State OR Zip Code 97230-1058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Warehouse Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2015
Transaction ID : F9B0FE72F741E950EDC
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Helen Y. Kim-James
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Chesterfield Business Pkwy
 Ste 110
 City Chesterfield State MO Zip Code 63005-1271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chesterfield Valley Dermatology, PC Occupation Dermatologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2015
Transaction ID : 4D03868F913D2DB52096
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
	<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. Hazle Smith Konerding
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Cyril Ln
 City Richmond State VA Zip Code 23229-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Dermatology PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : C59BD95CC58C6363122
 Amount of Each Receipt this Period
 416.67

B. Craig A. Kornreich
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Fairbanks Blvd
 City Woodbury State NY Zip Code 11797-2619
 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2015
Transaction ID : 4431A387D5B6A64F8D73
 Amount of Each Receipt this Period
 50.00

C. Dennis Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Edge Hill Rd
 City Chestnut Hill State MA Zip Code 02467-1170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Metro West Derm Surgeons, LLC 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 / 01 / 2015
Transaction ID : 1B92749D3C62A9F1EBC
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	966.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ronald F. Maceyko
Full Name (Last, First, Middle Initial)

Mailing Address 1 Gardner Place

City Middletown State OH Zip Code 45042

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 / 04 / 2015
Transaction ID : 951DD0E063C207EC6BF

Amount of Each Receipt this Period 500.00

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

Mailing Address 861 Tulip Poplar Dr

City Hoover State AL Zip Code 35244-1639

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

Name of Employer Pure Dermatology & Aesthetics, PC Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 04 / 2015
Transaction ID : C075A30C5C4C8EF6BFA

Amount of Each Receipt this Period 100.00

c. Charity Foster McConnell
Full Name (Last, First, Middle Initial)

Mailing Address 308 Granny White Pike

City Brentwood State TN Zip Code 37027-5754

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

Name of Employer Franklin Dermatology Group, PLC Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 18 / 2015
Transaction ID : 4434900457E11A349F75

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00

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 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Gary W. McEwen
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 SW Winterfield Ct
 City Lees Summit State MO Zip Code 64081-4098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lee's Summit Dermatology Associates, P Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 16 / 2015**
Transaction ID : C96D8BDE41BCBE871F1
 Amount of Each Receipt this Period **500.00**

B. Thomas W. McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 5750 Falls Dr
 City Fort Wayne State IN Zip Code 46804-7147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Wayne Dermatology Consultants Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 07 / 2015**
Transaction ID : C7480AE7-6524-4E18-
 Amount of Each Receipt this Period **1000.00**

C. Andrew B. Menkes
 Full Name (Last, First, Middle Initial)
 Mailing Address 453 Roblar Ave
 City Hillsborough State CA Zip Code 94010-6849
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Menkes Clinic Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 23 / 2015**
Transaction ID : ACD07168AE6985ED3EF
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<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. Charles M. Moon
 Full Name (Last, First, Middle Initial)
 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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 3456ED4C47B72CF081F
 Amount of Each Receipt this Period
500.00

B. Mindi M. Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 E Old Petersburg Rd
 City Princeton State IN Zip Code 47670-8514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Clinic of Vincennes 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 / 09 / 2015
Transaction ID : 2495592FB43B5BC37E4
 Amount of Each Receipt this Period
250.00

C. J. Morgan O'Donoghue
 Full Name (Last, First, Middle Initial)
 Mailing Address 4450 Camino Real
 City Sarasota State FL Zip Code 34231-3430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer O'Donoghue Dermatology - Sarasota Derm Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : F9E4C62C1B3DD3B0E6D
 Amount of Each Receipt this Period
500.00

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 20 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jeffrey D. Parks
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Lakebridge Plaza Dr
 City Ormond Beach State FL Zip Code 32174-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Parks Dermatology Center LLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2015
Transaction ID : 0D0DA165-03A9-423B-
 Amount of Each Receipt this Period
 300.00

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
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2015
Transaction ID : 2F8B3C261EDFD8D367D
 Amount of Each Receipt this Period
 100.00

C. Jason S. Reichenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 2405 W 8th St
 City Austin State TX Zip Code 78703-4320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The University of Texas at Austin-Dell Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015
Transaction ID : 2D7613CF8F4C36105B1
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<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. F Reynolds II
Full Name (Last, First, Middle Initial)

Mailing Address 6141 Shallowford Rd

City Chattanooga State TN Zip Code 37421-1616

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 ▼ 700.00

Date of Receipt
06 / 08 / 2015
Transaction ID : C22735F72669A56D1C0

Amount of Each Receipt this Period
700.00

B. Cynthia J. Rogers
Full Name (Last, First, Middle Initial)

Mailing Address 191 Via Veracruz

City Jupiter State FL Zip Code 33458-6915

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
06 / 23 / 2015
Transaction ID : E0231E2EA6E1C894F2A

Amount of Each Receipt this Period
500.00

C. Robert S. Shapiro
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11435

City Hilo State HI Zip Code 96721-6435

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 / 16 / 2015
Transaction ID : B0DC67B989A1893CEAA

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2200.00

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 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 33 Hitherbrook Rd

City Saint James State NY Zip Code 11780-1014

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

Name of Employer Long Island Skin Cancer And Dermatolog Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 04 / 2015
Transaction ID : 07433E41B4DE5BC8303

Amount of Each Receipt this Period 416.66

B. Divya Srivastava
Full Name (Last, First, Middle Initial)

Mailing Address 2728 McKinnon St Apt 902

City Dallas State TX Zip Code 75201-1639

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

Name of Employer UT Southwestern Medical Center Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 26 / 2015
Transaction ID : 2FD6F7BED090AA08028

Amount of Each Receipt this Period 1000.00

C. 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 ▼ 700.00

Date of Receipt 06 / 04 / 2015
Transaction ID : 9A2491B9E9EE3A035E5

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1516.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 45
	<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. Craig F. Teller
Full Name (Last, First, Middle Initial)

Mailing Address 4811 Maple St

City Belleaire State TX Zip Code 77401-5728

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

Name of Employer Belleaire Dermatology Associates Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 06 / 01 / 2015
Transaction ID : 844FF916C05A1B421B7

Amount of Each Receipt this Period 375.00

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 ▼ 850.00

Date of Receipt 06 / 01 / 2015
Transaction ID : D283AE99AB10143EF3D

Amount of Each Receipt this Period 650.00

C. Jackie Michael Tripp
Full Name (Last, First, Middle Initial)

Mailing Address 9743 Palma Vista Way

City Boca Raton State FL Zip Code 33428-3527

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

Name of Employer Tripp Dermatology Occupation Dermologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 06 / 29 / 2015
Transaction ID : DB88812C-7994-44DC-

Amount of Each Receipt this Period 251.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1276.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45
	<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. Robert W. Walters
Full Name (Last, First, Middle Initial)

Mailing Address 323 Camino Del Oro

City Corrales State NM Zip Code 87048-9007

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

Name of Employer Dermatology & Skin Cancer Center of Ne Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2015
Transaction ID : 64F015C0FA9A6BC9884

Amount of Each Receipt this Period 500.00

B. Jeffrey M. Weinberg
Full Name (Last, First, Middle Initial)

Mailing Address 200 Riverside Blvd Apt 71

City New York State NY Zip Code 10069-0908

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

Name of Employer Mount Sinai St. Luke's Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2015
Transaction ID : B1EF63B3119818A5CC1

Amount of Each Receipt this Period 250.00

C. Margaret A. Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 2002 Burdock Rd

City Baltimore State MD Zip Code 21209-1043

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

Name of Employer Maryland Laser, Skin & Vein Institute, Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 04 / 2015
Transaction ID : EF2F2D9023A0315C1DD

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
	<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. George B. Winton
Full Name (Last, First, Middle Initial)

Mailing Address 1917 Millbrook Dr

City Johnson City State TN Zip Code 37604-1485

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

Name of Employer Tri-Cities Skin and Cancer Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : AD312F78EBDB132B3BB

Amount of Each Receipt this Period
 300.00

B. Timothy Gerrard Woodall
Full Name (Last, First, Middle Initial)

Mailing Address 120 Woodall Way

City Union State SC Zip Code 29379-8679

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

Name of Employer The Palmetto Skin and Laser Center 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 / 04 / 2015
Transaction ID : 7C36B076228600CB29C

Amount of Each Receipt this Period
 250.00

C. Daniel G. Zavadak
Full Name (Last, First, Middle Initial)

Mailing Address 55 Wheatland Cir

City Lebanon State PA Zip Code 17042-9418

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

Name of Employer Cornerstone Dermatology 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 / 01 / 2015
Transaction ID : F5BFF1CDC95BFC27AF2

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 915.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Matthew Zook
 Full Name (Last, First, Middle Initial)
 Mailing Address 5920 Seabird Dr S
 City Gulfport State FL Zip Code 33707-3936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Academic Alliance in Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015
Transaction ID : B201C495830CEA332D6
 Amount of Each Receipt this Period
 365.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	33949.32

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

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

FOR LINE NUMBER:
(check only one)

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

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : VF9F64A833A490D9DA7A

Amount of Each Disbursement this Period

731.67

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
VS/MC Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2015

Transaction ID : VE5189BF5EE1A6211010

Amount of Each Disbursement this Period

837.86

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

1569.53

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

1569.53

**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. Adrian Smith for Congress

Mailing Address 3321 Avenue I
Suite 6

City State Zip Code
Scottsbluff NE 69361-4587

Purpose of Disbursement
2016 Primary

Candidate Name

Adrian Michael Smith

Office Sought: House
 Senate
 President
State: NE District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : BAE2604190741439F51

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ami Bera for Congress

Mailing Address PO Box 582496

City State Zip Code
Elk Grove CA 95758

Purpose of Disbursement
2016 Primary

Candidate Name

Ameriash B. Bera

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 4D907EDFAC62EF62394

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City State Zip Code
Lexington KY 40588

Purpose of Disbursement
2016 Primary

Candidate Name

Garland Hale Barr IV

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : 19FBEDEC649B7540595

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Check not received, reissued 6/18/15

011

Candidate Name

Garland Hale Barr IV

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2015

Transaction ID : DDA572EAE3FCCC12435

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

B. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
2016 Primary

011

Candidate Name

Garland Hale Barr IV

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 497A6EE58F2F7D220B8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress, Inc.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement
Check not received, reissued 6/24/15

011

Candidate Name

Garland Hale Barr IV

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2015

Transaction ID : A11DFFD7BC3C618E89A

Amount of Each Disbursement this Period

-1000.00

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

-1500.00

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. Andy Harris for Congress

Mailing Address PO Box 426

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
2016 Primary

011

Candidate Name

Andrew P. Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 32FDBFB94E64C44740D

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Blumenthal for Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City State Zip Code
Stamford CT 06901

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : AF21FE5685977091BBF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City State Zip Code
Spokane WA 99210-0137

Purpose of Disbursement
2016 Primary

011

Candidate Name

Cathy McMorris Rodgers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : D912EBA3CCDFA7DC8D0

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. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles William Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : F64749B43874D2F32A0

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles William Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: LA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 12521830D56CDBC8A1F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cole for Congress

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement
2016 Primary

011

Candidate Name

Thomas Jeffery Cole

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 1AEB989806F5A0E91F3

Amount of Each Disbursement this Period

1000.00

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

2500.00

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. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2016 Primary

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : F98596ED2DCBDE4C589

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

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

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Dedicated To Establishing National Teamwork PAC (DENT PAC)

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 307A04C43A4CA4B5A41

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement
2016 Primary

011

Candidate Name

Diane Lynn Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : A375E374CCF618A77DF

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Dold for Congress

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Robert James Dold Jr.

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 835B4BF5BFB62450BF0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
Raul Ruiz

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 3D66877B2C2FB58AD8B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Fleming for Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
2016 Primary

011
Category/
Type

Candidate Name
John Calvin Fleming Jr.

Office Sought: House
 Senate
 President
State: LA District: 04

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : A734E8B5EC4E47F97B5

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement
2016 Primary

011

Candidate Name

James A. McDermott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

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

Transaction ID : A0A1C3521FCBB3A0CDC

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement
2016 Primary

011

Candidate Name

David Patrick Joyce

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	5

Transaction ID : 7C4A34E9739514F7C29

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2016 Primary

011

Candidate Name

Elizabeth H. Esty

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

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

Transaction ID : 2D493CF43BE211B4EAB

Amount of Each Disbursement this Period

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

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

4	5	0	0	0	0
---	---	---	---	---	---

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

4	5	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Joe Heck Congress

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 Primary

011

Candidate Name

Joseph John Heck Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 10FC889C819344D7BD7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Joe Heck Congress

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2016 General

011

Candidate Name

Joseph John Heck Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : D679841E80780037FBD

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
2016 Primary

011

Candidate Name

Joseph Russell Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 8FA46C557FA2F108F5A

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. Friends of Susan Brooks

Mailing Address 9425 N Meridian Street
237

City Indianapolis State IN Zip Code 46260-1308

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Susan W. Brooks

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 51F220B784335B9AF4D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gregg Harper for Congress

Mailing Address Post Office Box 54344

City Pearl State MS Zip Code 39288

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Gregory Harper

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 03

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : CB5BA17EBB2A151663E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 4B2522A5B8107418EDF

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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. Jenkins for Congress

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement
2016 Primary

011

Candidate Name

Evan H. Jenkins

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : B5E8750982E2B9EF5B0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Johnson for Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement
2016 Primary

011

Candidate Name

William L. Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 12A8D86E297D2D555C6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Julia Brownley for Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
2016 Primary

011

Candidate Name

Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : BC14022B797D6E9BD3C

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ronald James Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : A872FED9BAB56A76048

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 7ACFC10E079B6E82A5C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kuster for Congress, Inc.

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ann McLane Kuster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 1E1B8413CEABEDFE799

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City State Zip Code
Tempe AZ 85285

Purpose of Disbursement
2016 Primary

Candidate Name

Kyrsten Sinema

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 8DFA28871FAAF6036B0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Larson for Congress

Mailing Address PO Box 261172

City State Zip Code
Hartford CT 06126-1172

Purpose of Disbursement
2016 Primary

Candidate Name

John Barry Larson

Office Sought: House
 Senate
 President
State: CT District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 7AA481FF691C51B26C2

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. New York Jobs PAC

Mailing Address PO Box 708

City State Zip Code
Melville NY 11747

Purpose of Disbursement
2015 Contribution

Candidate Name

New York Jobs PAC

Office Sought: House
 Senate
 President
State: District:

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

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 7508873FF5B62BFEBD2

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. People for Derek Kilmer

Mailing Address PO Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement
2016 Primary

011

Candidate Name

Derek Kilmer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 3460C5B4FA7E26732D0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement
2016 Primary

011

Candidate Name

Peter Anderson Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 552D186AA9F6C6C3330

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rob J. Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 6A56DFFD368292F5BFB

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2016 Primary

011

Candidate Name

Renee L. Ellmers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 18A25FB080D5B2B0230

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. 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
2015 Contribution

011

Candidate Name

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

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : CFC1F5CF35B10D95FFE

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Rodney for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement
2016 Primary

011

Candidate Name

Rodney Lee Davis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	5

Transaction ID : 52A86E45F1516EFB3C7

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	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. Scott Peters for Congress

Mailing Address PO Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Scott H. Peters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 2EBA01D37DD2CCC5260

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Shore PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 126857D036879CBBA88

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Michael Keith Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : EE7860FD5745A3169AB

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**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. Swalwell for Congress

Mailing Address PO Box 2847

City Dublin State CA Zip Code 94568

Purpose of Disbursement
2016 Primary

011

Candidate Name

Eric Michael Swalwell Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : 617CF3ED1591E262757

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. The Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2020 Primary

011

Candidate Name

Jack Francis Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2015

Transaction ID : 6A8566039DAFFBE58E8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement
2016 Primary

011

Candidate Name

Richard M. Burr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2015

Transaction ID : 37CBEA03200C2B4DE65

Amount of Each Disbursement this Period

500.00

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

2500.00

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

**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. Tom Reed for Congress

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610-0847

Purpose of Disbursement
2016 Primary

011

Candidate Name

Thomas W. Reed II.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2015

Transaction ID : 5CBB503DC9331FA5B07

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Trust PAC Team Republicans for Utilizing Sensible Tactics

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible Tactics

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 83A6920A22907EA7C99

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2016 Primary

011

Candidate Name

John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2015

Transaction ID : 70CC5FF72B90FEDDBB0

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)..... ▶

72500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Erica P. Canova

Mailing Address 14539 NW 11th Pl

City Newberry State FL Zip Code 32669-2966

Purpose of Disbursement
Mistakenly charged \$2500.03, intended to contribute \$250.00

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : 9C90F67802AA6076143

Amount of Each Disbursement this Period

2500.03

010
Category/Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/Type

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

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

2500.03

2500.03