

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 Washington DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00359539 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 03 01 2014 through 03 31 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 04 14 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.

Table with Office Use Only header, 7 empty columns, and FEC FORM 3X Rev. 12/2004 footer.

**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"/>		202587.02
(b) Cash on Hand at Beginning of Reporting Period.....	204640.72	
(c) Total Receipts (from Line 19)	112892.48	308492.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	317533.20	511079.81
7. Total Disbursements (from Line 31).....	66356.56	259903.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	251176.64	251176.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	103580.99	291906.99
(ii) Unitemized	9311.49	16585.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	112892.48	308492.79
(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)	112892.48	308492.79
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))..... ▶	112892.48	308492.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	112892.48	308492.79

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	1856.56	5403.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1856.56	5403.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64500.00	227500.00
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)) ..	66356.56	259903.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66356.56	259903.17

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)	112892.48	308492.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112892.48	308492.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1856.56	5403.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1856.56	5403.17

**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 61
	<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)

Full Name (Last, First, Middle Initial) A. Smita Agarwal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 24 / 2014
Mailing Address 745 US Highway 202/206 Ste 102		Transaction ID : 3219D93D-B754-4682-
City Bridgewater	State NJ	Zip Code 08807-1758
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John G. Albertini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 19 / 2014
Mailing Address 1450 Professional Park Dr Ste 150		Transaction ID : EBA3DD5C-7C2C-4A88-
City Winston Salem	State NC	Zip Code 27103-1307
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer The Skin Surgery Center	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. Rex A. Amonette		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 10 / 2014
Mailing Address 665 S Willett St		Transaction ID : 4355F27C4DD65A4C86B
City Memphis	State TN	Zip Code 38104-4932
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Memphis Dermatology Clinic, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
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 61
	<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. Gina Charlene Ang
Full Name (Last, First, Middle Initial)

Mailing Address 810 Pinecrest Ave SE

City Grand Rapids State MI Zip Code 49506-3435

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
03 / 24 / 2014
Transaction ID : D5EA58A159186F1A693

Amount of Each Receipt this Period
500.00

B. Robin Ashinoff
Full Name (Last, First, Middle Initial)

Mailing Address 131 Westervelt Pl

City Cresskill State NJ Zip Code 07626-1600

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

Name of Employer Hackensack Univ Medical Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 28 / 2014
Transaction ID : 30805C0E2C703BC867E

Amount of Each Receipt this Period
250.00

C. Mark A. Bechtel
Full Name (Last, First, Middle Initial)

Mailing Address 7434 Red Bank Rd

City Westerville State OH Zip Code 43082-8260

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

Name of Employer
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 16 / 2014
Transaction ID : 7A920B7E-C11F-4D63-

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 8 OF 61
	<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 D. Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 1119 Van Buren St

City Madison State WI Zip Code 53711-2223

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

Name of Employer University of Wisconsin School of Medi Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 07 / 2014
Transaction ID : 2CF4E6A5-D7FF-49F7-

Amount of Each Receipt this Period 500.00

B. Scott D. Bennion
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Garden Creek Rd

City Casper State WY Zip Code 82601-6600

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

Name of Employer Central Wyoming Skin Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2014
Transaction ID : 15A7A404649FADF3D95

Amount of Each Receipt this Period 1000.00

C. Benjamin D. Bernstein
Full Name (Last, First, Middle Initial)

Mailing Address 5136 Elder Rd

City Hydes State MD Zip Code 21082-9550

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

Name of Employer Bernstein & Robinson Dermatology, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2014
Transaction ID : A8995C7DE6D3F7477CB

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 61
<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. Roland S. Beverly III
Full Name (Last, First, Middle Initial)

Mailing Address 2929 Calle Gaucho

City San Clemente State CA Zip Code 92673-3076

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

Name of Employer Pacific Park Medical Building Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2014
Transaction ID : 5A7FEC43F1ECC92769D

Amount of Each Receipt this Period 250.00

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 ▼ 250.00

Date of Receipt 03 / 25 / 2014
Transaction ID : C92E79EA7A97FAFAEC5

Amount of Each Receipt this Period 250.00

C. John B. Brantley
Full Name (Last, First, Middle Initial)

Mailing Address 8252 S Harts Mill Ln

City Baton Rouge State LA Zip Code 70808-5961

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

Name of Employer Calais Dermatology Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2014
Transaction ID : EAD2806D7F4686C91FE

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 10 OF 61
<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. James L. Brazil
Full Name (Last, First, Middle Initial)

Mailing Address 9201 Otis Beach St. NE

City Olympia State WA Zip Code 98516-9540

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 03 / 28 / 2014
Transaction ID : ACA2D5534F2A5F46C9B

Amount of Each Receipt this Period 500.00

B. Bruce A. Brod
Full Name (Last, First, Middle Initial)

Mailing Address 1650 Crooked Oak Dr Ste 200

City Lancaster State PA Zip Code 17601-4278

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2014
Transaction ID : DAA9D182-F47F-41FA-

Amount of Each Receipt this Period 500.00

C. David G. Brodland
Full Name (Last, First, Middle Initial)

Mailing Address 575 Coal Valley Rd Ste 360

City Jefferson Hills State PA Zip Code 15025-3739

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

Name of Employer South Hills Medical Building Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2014
Transaction ID : E30E0471DD1D4C878915

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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 61
<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. Clarence William Brown Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 156 W Superior St
City Chicago State IL Zip Code 60654-8764
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ Dermatology Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 12 / 2014
Transaction ID : **8EB4369AC4B96969BD2**
Amount of Each Receipt this Period 100.00

B. 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 Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 03 / 25 / 2014
Transaction ID : **9994137A6B51E82AAAF**
Amount of Each Receipt this Period 250.00

C. Craig N. Burkhart
Full Name (Last, First, Middle Initial)
Mailing Address 410 Market St Ste 400
City Chapel Hill State NC Zip Code 27516-4061
FEC ID number of contributing federal political committee. **C**
Name of Employer The Univ of NC at Chapel Hill Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 08 / 2014
Transaction ID : **4BB4BE4E-AD05-4329-**
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... **850.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 61
	<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 Roger Byrd
Full Name (Last, First, Middle Initial)

Mailing Address 3760 Duke Rd

City Oakland State MI Zip Code 48363-3018

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

Name of Employer Rochester Skin Cancer Center Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2014
Transaction ID : 1BFB5016C9D4FCAAB7A

Amount of Each Receipt this Period 1000.00

B. Christine Elizabeth Cabell
Full Name (Last, First, Middle Initial)

Mailing Address 675 Baltimore Dr

City Wilkes Barre State PA Zip Code 18702-7900

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

Name of Employer Geisinger Medical Group Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : 16E90D05D3BE46E08BB6

Amount of Each Receipt this Period 500.00

c. Jeffrey Phillip Callen
Full Name (Last, First, Middle Initial)

Mailing Address 3810 Springhurst Blvd
School of Medicine - Divide of Der

City Louisville State KY Zip Code 40241-6100

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

Name of Employer Univ of Louisville Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2014
Transaction ID : 4EC3FE30-7F9F-44DC-

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 61
<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 Michael Carney
 Full Name (Last, First, Middle Initial)
 Mailing Address 4212 Fairview Rd
 City Little Rock State AR Zip Code 72205-2061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Medical Arts Bldg Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2014**
Transaction ID : D4BCA1B5F395A0772E1
 Amount of Each Receipt this Period **500.00**

B. Marc Ronald Carruth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4430 Button Pointe Ct
 City Charlotte State NC Zip Code 28216-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Carolina Skin Surgery Center, PA Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 10 / 2014**
Transaction ID : ED887FE56A49817E625
 Amount of Each Receipt this Period **250.00**

C. Johanna Chapel
 Full Name (Last, First, Middle Initial)
 Mailing Address 9348 Fellows Creek Dr.
 City Plymouth State MI Zip Code 48170
 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 **400.00**

Date of Receipt **03 / 24 / 2014**
Transaction ID : 0020AF6DC06D4718A27
 Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<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. Thomas Austin Chapel
 Full Name (Last, First, Middle Initial)
 Mailing Address 9348 Fellows Creek Dr
 City Plymouth State MI Zip Code 48170-6348
 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 ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 4CBA67B808D9304D47E
 Amount of Each Receipt this Period
 400.00

B. Robert Lane Chappell Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5001 Pepperidge Pl
 City Odessa State TX Zip Code 79761-2224
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : 5CD124690092AB962C8
 Amount of Each Receipt this Period
 250.00

C. David J. Clemons
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Corinne Cir
 City Shreveport State LA Zip Code 71106-6004
 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
 03 / 13 / 2014
Transaction ID : 54AA441C4DDE34916A7
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<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. 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 **500.00**

Date of Receipt **03 / 26 / 2014**
Transaction ID : A6A5C16046C6AAEE986
Amount of Each Receipt this Period **500.00**

B. 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 **1500.00**

Date of Receipt **03 / 18 / 2014**
Transaction ID : 50FF37739DA9796EC4E
Amount of Each Receipt this Period **500.00**

C. Richard Charles Connors
Full Name (Last, First, Middle Initial)
Mailing Address 15 Orchard Drive
City Greenwich State CT Zip Code 06830-6711
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 **03 / 24 / 2014**
Transaction ID : 8F8C04FCC2F177C0671
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 16 OF 61
	<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. Foy W. Cox
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1142

City Penn Valley	State CA	Zip Code 95946-1142
---------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : AE644E429306C20283E

Amount of Each Receipt this Period
365.00

B. Peggy Sue Crawford
Full Name (Last, First, Middle Initial)
Mailing Address 45 Saint Francis Blvd

City San Francisco	State CA	Zip Code 94127-1936
-----------------------	-------------	------------------------

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

Name of Employer Kaiser Permanente	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
03	/	24	/	2014

Transaction ID : 4E8F72403B35612F8E0

Amount of Each Receipt this Period
250.00

C. Sunil Sharan Dhawan
Full Name (Last, First, Middle Initial)
Mailing Address 119 Martingale Dr

City Fremont	State CA	Zip Code 94539-6313
-----------------	-------------	------------------------

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

Name of Employer Center for Dermatology	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
03	/	19	/	2014

Transaction ID : DBDC6BB77D318EFE71E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	865.00
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 61
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Robbie Beth Drossner		Date of Receipt
Mailing Address 2350 South Avenue		M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2014
City	State	Zip Code
Scotch Plains	NJ	07076
FEC ID number of contributing federal political committee.	C	Transaction ID : 587A59006051D000325
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Dermatologist	250.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raymond G. Dufresne Jr.		Date of Receipt
Mailing Address		M M M / D D D / Y Y Y Y Y Y 03 / 26 / 2014
City	State	Zip Code
	Se	
FEC ID number of contributing federal political committee.	C	Transaction ID : 300D2F9BA2F85D6CB5D
Name of Employer	Occupation	Amount of Each Receipt this Period
Brown Univ/Rhode Island Hospital	Physician	2000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	2000.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert D. Durst Jr.		Date of Receipt
Mailing Address 5501 SW Moundview Dr		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2014
City	State	Zip Code
Topeka	KS	66610-2322
FEC ID number of contributing federal political committee.	C	Transaction ID : 55B54693349AF802B70
Name of Employer	Occupation	Amount of Each Receipt this Period
Dermatology PA	Physician	2500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	2500.00	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
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 61
<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. Peter G. Ehrnstrom
 Full Name (Last, First, Middle Initial)
 Mailing Address 3841 Piper St
 Ste T4-020
 City Anchorage State AK Zip Code 99508-4673
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alaska Center for Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 25 / 2014
Transaction ID : E43B1A95F9DA4A69BFC2
 Amount of Each Receipt this Period 1000.00

B. Ronald H. Falcon
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Prescott St
 City Lido Beach State NY Zip Code 11561-5110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Island Dermatology, PC Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 19 / 2014
Transaction ID : 8D8A91196CFB1B7152E
 Amount of Each Receipt this Period 525.00

C. Patrick Robert Feehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1650 Crooked Oak Dr
 Ste 200
 City Lancaster State PA Zip Code 17601-4278
 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 03 / 08 / 2014
Transaction ID : 57F20893-EEBF-4ED0-
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
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 61
	<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. Frederick S. Fish III

Mailing Address 18315 Cascade Dr
Ste 150

City Eden Prairie State MN Zip Code 55347-1185

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

Name of Employer Associated Skin Care Spec Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 21ED6365C6B244A386D7

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Kristopher Fisher

Mailing Address 1757 Carr Ave

City Memphis State TN Zip Code 38104-5129

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

Name of Employer University of Tennessee Department of Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 28 / 2014
Transaction ID : F0678B599AB7536749F

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ilona J. Frieden

Mailing Address 811 Paramount Rd

City Oakland State CA Zip Code 94610-2436

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

Name of Employer Univ of California Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 17 / 2014
Transaction ID : 71A76F960A1404231B5

Amount of Each Receipt this Period
500.00

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 20 OF 61
<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. Francesca J. Fusco
Full Name (Last, First, Middle Initial)
Mailing Address 145 E. 32 St
City New York State NY Zip Code 10016
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 03 / 10 / 2014
Transaction ID : **A798CDF9D0AC7483E6E**
Amount of Each Receipt this Period 250.00

B. Erin Scott Gardner
Full Name (Last, First, Middle Initial)
Mailing Address 3009 N Ballas Rd Ste 300A
City Saint Louis State MO Zip Code 63131-2354
FEC ID number of contributing federal political committee. **C**
Name of Employer Dermatology Specialists of St. Louis Occupation Dermatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 03 / 14 / 2014
Transaction ID : **8A07BB97-20A4-44B5-**
Amount of Each Receipt this Period 500.00

C. Lisa A. Garner
Full Name (Last, First, Middle Initial)
Mailing Address 1830 Eastern Hills Dr
City Garland State TX Zip Code 75043-1411
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 03 / 10 / 2014
Transaction ID : **26655838352C04A6340**
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 21 OF 61
	<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. Sanjiva Goyal
Full Name (Last, First, Middle Initial)

Mailing Address 632 S Preserve Vw

City State Zip Code
Ponte Vedra FL 32081-5012

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

Name of Employer Occupation
Coastal Dermatology, PA Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 3900480F0C377C0E1D9

Amount of Each Receipt this Period
250.00

B. Dorian Lizabeth Gravenese
Full Name (Last, First, Middle Initial)

Mailing Address 11 Walworth Ave

City State Zip Code
Scarsdale NY 10583-1417

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

Name of Employer Occupation
Scarsdale Medical Group Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 10 / 2014
Transaction ID : C9B1524A355C8A61077

Amount of Each Receipt this Period
250.00

C. Hubert T. Greenway Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 946

City State Zip Code
Rancho Santa Fe CA 92067-0946

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

Name of Employer Occupation
Scripps Clinic Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 13 / 2014
Transaction ID : 6A6CD94515B009550A4

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 61
	<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. Scott T. Guenther
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Southfield Dr
Ste 1240

City Plainfield State IN Zip Code 46168-4499

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

Name of Employer The Dermatology Center of Indiana, PC Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 19 / 2014
Transaction ID : **62D65613-BE26-4AB4-**

Amount of Each Receipt this Period
500.00

B. C. William Hanke
Full Name (Last, First, Middle Initial)

Mailing Address 5125 Green Braes East Dr

City Indianapolis State IN Zip Code 46234-2915

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

Name of Employer St. Vincent Carmel Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
03 / 12 / 2014
Transaction ID : **7A698BD6853617B2BBB**

Amount of Each Receipt this Period
5000.00

C. Aubrey Chad Hartmann
Full Name (Last, First, Middle Initial)

Mailing Address 2017 Spyglass HI

City Leander State TX Zip Code 78641-8850

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

Name of Employer Lone Star Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
03 / 24 / 2014
Transaction ID : **2D6BFB3492AC394D3B6**

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	5865.00
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 23 OF 61
	<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. Jean M. Holland
 Full Name (Last, First, Middle Initial)
 Mailing Address 926 Woodlawn Ave
 City Ann Arbor State MI Zip Code 48104-3826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Institute of Michigan Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 04 / 2014**
Transaction ID : AC0801AC9B6E6830FBD
 Amount of Each Receipt this Period **250.00**

B. J. William Holtze
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 Woodland Ave
 City Des Moines State IA Zip Code 50312-1946
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Iowa Clinic PC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2014**
Transaction ID : AC46D6CCF2BC3965E96
 Amount of Each Receipt this Period **500.00**

C. 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 **03 / 21 / 2014**
Transaction ID : 59DB5E641DE641757A6
 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 24 OF 61
	<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. William D. James
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Spruce St
2nd Floor Maloney Building

City Philadelphia State PA Zip Code 19104-4211

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

Name of Employer Univ of Pennsylvania Health Systems Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 07 / 2014
Transaction ID : 7DC43D3A-893B-44B6-

Amount of Each Receipt this Period
500.00

B. Brian T. Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 3930 Executive Dr

City Palm Harbor State FL Zip Code 34685-1024

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

Name of Employer Trinity Dermatology and Aesthetic Cent Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 26 / 2014
Transaction ID : B375A9B97D062CA06BD

Amount of Each Receipt this Period
250.00

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

Mailing Address 3210 Aspen Lake Dr

City Manvel State TX Zip Code 77578-7817

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
03 / 26 / 2014
Transaction ID : FEEA565B27814734406

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 25 OF 61
<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. Albert A. Kattine
Full Name (Last, First, Middle Initial)

Mailing Address 1272 Garrison Dr

City Murfreesboro State TN Zip Code 37129-2598

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 ▼
1500.00

Date of Receipt
03 / 25 / 2014
Transaction ID : **440533F90ADC4E9FB5E7**

Amount of Each Receipt this Period
1500.00

B. Donald Kay
Full Name (Last, First, Middle Initial)

Mailing Address 2127 Broadway St Apt 1

City San Francisco State CA Zip Code 94115-1310

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

Name of Employer Occupation
Peninsula Dermatology Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 24 / 2014
Transaction ID : **2E29D746C7EFC259CA2**

Amount of Each Receipt this Period
500.00

C. Mitchell A. Kline
Full Name (Last, First, Middle Initial)

Mailing Address 1725 York Ave Apt 24B

City New York State NY Zip Code 10128-7812

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 ▼
1000.00

Date of Receipt
03 / 25 / 2014
Transaction ID : **51268C39F2F82CBDA57**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 26 OF 61
	<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. J. Matthew Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 161 S Phelps Ave
 City Winter Park State FL Zip Code 32789-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Knight Dermatology Institute Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 24 / 2014**
Transaction ID : 5C1616EB19030B542F9
 Amount of Each Receipt this Period **1000.00**

B. Hazle Smith Konerding
 Full Name (Last, First, Middle Initial)
 Mailing Address 7001 Forest Ave Ste 400
 City Richmond State VA Zip Code 23230-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Dermatology PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : 36B79820F365471DB070
 Amount of Each Receipt this Period **5000.00**

C. Frank Custer Koranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 4314 Homestead Cir
 City Prairie Village State KS Zip Code 66208-1570
 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 **03 / 20 / 2014**
Transaction ID : 1306B63A-2935-4F4B-
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 27 OF 61
	<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. Tanya Kormeili
Full Name (Last, First, Middle Initial)

Mailing Address 1260 15th Street, Suite 709

City	State	Zip Code
Santa Monica	CA	90404

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

Name of Employer	Occupation
Self Employed	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
03	/	25	/	2014

Transaction ID : 40F47405DC10554F613

Amount of Each Receipt this Period
250.00

B. Christopher Bryant Kruse
Full Name (Last, First, Middle Initial)

Mailing Address 2 Princess Ct

City	State	Zip Code
Holmdel	NJ	07733-2043

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

Name of Employer	Occupation
Dermatology And Skin Cancer Center	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
03	/	24	/	2014

Transaction ID : EFEF6E2009D44F393A1

Amount of Each Receipt this Period
1000.00

C. Louis Kuchnir
Full Name (Last, First, Middle Initial)

Mailing Address 15 Foxhill Dr

City	State	Zip Code
Southborough	MA	01772-1778

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

Name of Employer	Occupation
Kuchnir Dermatology & Dermatologic Sur	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 599BB80D6B3740C2179

Amount of Each Receipt this Period
249.00

SUBTOTAL of Receipts This Page (optional).....▶	1499.00
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 28 OF 61
	<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. Catherine L. Laughlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 Riverdale Ct
 City Ozark State MO Zip Code 65721-5504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ferrell-Duncan Clinic Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 21 / 2014
Transaction ID : 0C246C7FA0D0F00AA3B
 Amount of Each Receipt this Period 250.00

B. Phillip H. A. Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 2195 Las Lunas St
 City Pasadena State CA Zip Code 91107-2421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Advanced Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 25 / 2014
Transaction ID : F173CE7D68204E29B73
 Amount of Each Receipt this Period 300.00

C. Katarina Gabrielle Lequeux-Nalovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 4500 Mount Paran Pkwy NW
 City Atlanta State GA Zip Code 30327-3746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Skin Cancer Specialists, P.C. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2014
Transaction ID : C192509CCF4A1EFC0A3
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
	<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. Charles E. Linden
Full Name (Last, First, Middle Initial)

Mailing Address 16832 Addison St

City Encino State CA Zip Code 91436-1054

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
03 / 28 / 2014
Transaction ID : EB779ED5FB60AA23A02

Amount of Each Receipt this Period
250.00

B. Peter A. Lio
Full Name (Last, First, Middle Initial)

Mailing Address 1455 N Milwaukee Ave
FI 2

City Chicago State IL Zip Code 60622-2015

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

Name of Employer Occupation
Dermatology & Aesthetics of Wicker Par Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 19 / 2014
Transaction ID : E80ACC01-9D84-41A2-

Amount of Each Receipt this Period
250.00

C. Wendy E. Livingston
Full Name (Last, First, Middle Initial)

Mailing Address 170 Laurel Hill Rd

City Mountain Lakes State NJ Zip Code 07046-1217

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

Name of Employer Occupation
Dermatology Assoc. of MOM's Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 25 / 2014
Transaction ID : AB204F932F52C735B6D

Amount of Each Receipt this Period
300.00

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 30 OF 61
	<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. Paul Lizzul
Full Name (Last, First, Middle Initial)

Mailing Address 27200 Agoura Rd
Ste 200

City Calabasas State CA Zip Code 91301-5127

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 ▼
260.00

Date of Receipt
03 / 27 / 2014
Transaction ID : 4AE4B4AE-5578-41D4-

Amount of Each Receipt this Period
260.00

B. Philip James Lobo
Full Name (Last, First, Middle Initial)

Mailing Address 209-211 Hwy 71

City Spring Lake Height State NJ Zip Code 07762

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
03 / 13 / 2014
Transaction ID : A00833C2DF7A471EE62

Amount of Each Receipt this Period
250.00

C. Keith A. Lopatka
Full Name (Last, First, Middle Initial)

Mailing Address 816 Merry Ln

City Oak Brook State IL Zip Code 60523-1420

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

Name of Employer Illinois Dermatology Institute
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 09 / 2014
Transaction ID : 592B27F0-ACB5-4815-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1510.00
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 31 OF 61
	<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. Mark H. Lowitt		Date of Receipt
Mailing Address 6565 N Charles St Ste 315		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baltimore	MD	21204-5804
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 18122B9C-F342-40C6-
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Physician	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Stephen Howard Mandy		Date of Receipt
Mailing Address 1000 S Pointe Dr Apt 1404		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City	State	Zip Code
Miami Beach	FL	33139-7343
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 28AD4F0E6BD8A2BE91A
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Physician	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Linda Susan Marcus		Date of Receipt
Mailing Address 436 William Way N		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wyckoff	NJ	07481-1710
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 1036AEDDE87F4222886
Name of Employer	Occupation	Amount of Each Receipt this Period
Self Employed	Physician	<input type="text" value="501.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="501.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2001.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 61
	<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. Stephen Roger Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2507 N Meadow Lake Dr
 City Hutchinson State KS Zip Code 67502-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : D5BF4AAF63851F78813
 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
 M M M / D D D / Y Y Y Y Y Y
 03 / 12 / 2014
Transaction ID : 3F14CFDE0EF3AEDF483
 Amount of Each Receipt this Period
 100.00

c. Mary C. Martini
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 W Goethe St Unit 1217
 City Chicago State IL Zip Code 60610-2233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northwestern Univ. Medical Center
 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
 03 / 03 / 2014
Transaction ID : 90CE5D44699071B1013
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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 33 OF 61
	<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. Joseph M. Masessa
Full Name (Last, First, Middle Initial)

Mailing Address 22 Bentley Dr

City Franklin Lakes State NJ Zip Code 07417-1939

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

Name of Employer North Jersey Dermatology Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : 404F9AE8BD73F3B3BDC

Amount of Each Receipt this Period
 500.00

B. Renee J. Mathur
Full Name (Last, First, Middle Initial)

Mailing Address 913 Menoher Blvd

City Johnstown State PA Zip Code 15905-2834

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : 848D89F1FDB845A997CC

Amount of Each Receipt this Period
 1000.00

C. Robyn M. McCullem
Full Name (Last, First, Middle Initial)

Mailing Address 4605 Maple Leaf Dr

City Columbia State MO Zip Code 65201-7235

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

Name of Employer Jefferson City Medical Group 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
 03 / 20 / 2014

Transaction ID : ECD0D8E8104B04B7710

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 34 OF 61
	<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. Michel A. McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 319 Lynnwood Blvd

City Nashville State TN Zip Code 37205-2928

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
03 / 25 / 2014
Transaction ID : 6C8DA09063614396800B

Amount of Each Receipt this Period
1000.00

B. Alexander Miller
Full Name (Last, First, Middle Initial)

Mailing Address 17451 Bastanchury Rd Ste 103A

City Yorba Linda State CA Zip Code 92886-1871

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
03 / 07 / 2014
Transaction ID : FD6EA121-D43E-4A04-

Amount of Each Receipt this Period
1000.00

C. Ali Moiin
Full Name (Last, First, Middle Initial)

Mailing Address 1575 W Big Beaver Rd Ste C12

City Troy State MI Zip Code 48084-3536

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

Name of Employer A Comprehensive Dermatology Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 25 / 2014
Transaction ID : ED13D86C2FD546A0BE43

Amount of Each Receipt this Period
500.00

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 35 OF 61
	<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. J. Suzanne Mosher
Full Name (Last, First, Middle Initial)

Mailing Address 308 Brighton St

City Belmont State MA Zip Code 02478-4254

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

Name of Employer Harvard Vanguard Medical Associates Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt 03 / 17 / 2014
Transaction ID : 622E9998-47A6-4EDB-

Amount of Each Receipt this Period 251.00

B. George J. Murakawa
Full Name (Last, First, Middle Initial)

Mailing Address 255 Kirts Blvd Ste 100

City Troy State MI Zip Code 48084-5260

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

Name of Employer Somerset Skin Centre Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : 386E20D6B81847F9B8DF

Amount of Each Receipt this Period 2500.00

C. Jenny Eileen Murase
Full Name (Last, First, Middle Initial)

Mailing Address 10151 Hillcrest Rd

City Cupertino State CA Zip Code 95014-1049

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

Name of Employer Palo Alto Foundation Medical Group Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 24 / 2014
Transaction ID : BFF2A586CFB6990C060

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3001.00

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 36 OF 61
	<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. Richard James Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 2115 Royal Dr
 City Winterville State NC Zip Code 28590-9149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Eastern Dermatology & Pathology PA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014
Transaction ID : 116C7F1822F4993068F
 Amount of Each Receipt this Period
250.00

B. Christine O'Connor
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 E Woodfield Rd
 City Schaumburg State IL Zip Code 60173-4729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014
Transaction ID : 9976F35942BE4B5F9789
 Amount of Each Receipt this Period
250.00

C. Peter B. Odland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 Madison Street, Suite 1480
 City Seattle State WA Zip Code 98104-3538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skin Surgery Center Occupation Physician
 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
 03 / 24 / 2014
Transaction ID : 6D588E06D6451691982
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 37 OF 61
	<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. Suzanne Olbricht
Full Name (Last, First, Middle Initial)

Mailing Address 45 Hyde Ave

City Newton State MA Zip Code 02458-2310

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

Name of Employer Lahey Clinic Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 26 / 2014
Transaction ID : 1B4DBD9D26C41541509

Amount of Each Receipt this Period
 2500.00

B. Ingrid Helena Olhoffer
Full Name (Last, First, Middle Initial)

Mailing Address 422 E 72nd St Apt 26A

City New York State NY Zip Code 10021-4639

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

Name of Employer Dermatology Center of Rockland 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
 03 / 24 / 2014
Transaction ID : E754B17965B60F92ADB

Amount of Each Receipt this Period
 1000.00

C. Jacqueline Panko
Full Name (Last, First, Middle Initial)

Mailing Address 1559 E Kensington Ave

City Salt Lake Cty State UT Zip Code 84105-2803

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

Name of Employer Intermountain Taylorsville Clinic 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
 03 / 25 / 2014
Transaction ID : F4DF90F790C14098B9E5

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 38 OF 61
(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)

Full Name (Last, First, Middle Initial)
A. David Michael Pariser
Mailing Address 933 Winthrop Dr
City Virginia Beach State VA Zip Code 23452-3936
FEC ID number of contributing federal political committee. **C**
Name of Employer Pariser Dermatology Specialists, Ltd Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2014
Transaction ID : **E07878099AA0A321D78**
Amount of Each Receipt this Period 5000.00

Full Name (Last, First, Middle Initial)
B. Brent E. Pennington
Mailing Address 2809 Hillside Dr
City Nashville State TN Zip Code 37212-4101
FEC ID number of contributing federal political committee. **C**
Name of Employer Nashville Skin & Cancer Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2014
Transaction ID : **7484B1C4-8376-48A5-**
Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
C. Jennifer White Pennoyer
Mailing Address 27 Cedar Ledge Rd
City West Hartford State CT Zip Code 06107-1006
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 03 / 28 / 2014
Transaction ID : **5C3EF1F673B45431D8D**
Amount of Each Receipt this Period 250.00

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

6250.00

**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 39 OF 61
<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. Llewellyn Phillips II
 Full Name (Last, First, Middle Initial)
 Mailing Address 4509 Talbot Rd. S, Ste. 200
 City Renton State WA Zip Code 98055
 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
 03 / 25 / 2014
Transaction ID : F548D61AAFF0E3C9231
 Amount of Each Receipt this Period
 250.00

B. Robert M. Portman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1501 M St NW
 FI 7
 City Washington State DC Zip Code 20005-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Powers, Pyles, Sutter & Verville, P.C.
 Occupation Attorney
 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
 03 / 07 / 2014
Transaction ID : A69D6BD0-FE84-409C-
 Amount of Each Receipt this Period
 250.00

C. Emily Liga Prosis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Patterson Rd
 City Austin State TX Zip Code 78733-6508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Dermcare
 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
 03 / 07 / 2014
Transaction ID : 7F23A78D-BEC8-4B25-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 40 OF 61
	<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. Scott C. Rackett
Full Name (Last, First, Middle Initial)

Mailing Address 2809 N Sepulveda Blvd
Ste A

City Manhattan Beach State CA Zip Code 90266-2727

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

Name of Employer Manhattan Beach Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 80809848039F4C3FA3DC

Amount of Each Receipt this Period
500.00

B. Oliver M. Reed
Full Name (Last, First, Middle Initial)

Mailing Address 12900 Cortez Blvd
Ste 205

City Brooksville State FL Zip Code 34613-4898

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

Name of Employer Hernando Skin and Cancer Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
03 / 07 / 2014
Transaction ID : 5837FC8E-DBB4-4B98-

Amount of Each Receipt this Period
1250.00

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

Mailing Address 1157 Key Largo St

City Jupiter State FL Zip Code 33458-8278

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
03 / 19 / 2014
Transaction ID : 6E7CD9C441D454A6F73

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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 41 OF 61
	<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. Janelle M. Rohrback
 Full Name (Last, First, Middle Initial)
 Mailing Address 3509 NW Chapin Dr
 City Portland State OR Zip Code 97229-8032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Portland Clinic Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : 4F8532F4CA0D4194FB4
 Amount of Each Receipt this Period **250.00**

B. Steven P. Rosenberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 Columbia Drive Suite A102
 City West Palm Beach State FL Zip Code 33409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PBD&P Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : 46825B05DEE7A77F060
 Amount of Each Receipt this Period **1000.00**

C. Howard D. Rosenman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1569 Doe Trail Ln
 City Yardley State PA Zip Code 19067-4055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rosenman & Levinthal PC Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : EA AE079D999E937F913
 Amount of Each Receipt this Period **500.00**

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 42 OF 61
	<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. Shawn R. Sabin
Full Name (Last, First, Middle Initial)

Mailing Address 8724 Meadow Ln

City Leawood State KS Zip Code 66206-1635

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

Name of Employer Derm & Skin Cancer Specialists Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2014

Transaction ID : C5F65ED394535C460A1

Amount of Each Receipt this Period
 250.00

B. William S. Sawchuk
Full Name (Last, First, Middle Initial)

Mailing Address 10000 Park Royal Dr

City Great Falls State VA Zip Code 22066-1847

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 / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : DA7591374EF3BB53A14

Amount of Each Receipt this Period
 500.00

C. Jimmy D. Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 819 Peakwood

City Houston State TX Zip Code 77090

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2014

Transaction ID : 591FE9DA9E512FA3478

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 43 OF 61
	<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. Kathryn Schwarzenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Meadowgrove Ln
 City Memphis State TN Zip Code 38120-2611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Vermont College of Medicine Occupation Physican
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 11 / 2014**
Transaction ID : 66A4B2BD-DEC6-423F-
 Amount of Each Receipt this Period **500.00**

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 **416.66**

Date of Receipt **03 / 04 / 2014**
Transaction ID : 455EA60AB82802CEB56C
 Amount of Each Receipt this Period **416.66**

C. Scarlette D. Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 2600 Highland Ave S Apt 603
 City Birmingham State AL Zip Code 35205-1765
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Smith Dermatology, PC Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 24 / 2014**
Transaction ID : 4CE61E94C5E225A2FCC
 Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional).....	1281.66
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 44 OF 61
	<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. Richard Lee Spielvogel
 Full Name (Last, First, Middle Initial)
 Mailing Address 649 Dorset Rd
 City Devon State PA Zip Code 19333-1868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Institute for Dermpath Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 953EE95E6DEA40F41C5
 Amount of Each Receipt this Period **250.00**

B. Karan K. Sra
 Full Name (Last, First, Middle Initial)
 Mailing Address 527 Columbia St
 City Houston State TX Zip Code 77007-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatological Assoc of Texas Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 25 / 2014**
Transaction ID : B783B3F94DB62F8614D
 Amount of Each Receipt this Period **500.00**

C. Stephen P. Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 S Wiggins Ave
 City Springfield State IL Zip Code 62704-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SIU School of Medicine Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **03 / 19 / 2014**
Transaction ID : 5418DBB45F5E3442388
 Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 45 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Paul A. Storrs		Date of Receipt
Mailing Address 505 N Lake Shore Dr Apt 4811		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Chicago	State IL	Zip Code 60611-6440
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4B795CE3C99A47A98B0C
Name of Employer: Dermatology Associates of Illinois, S.		Amount of Each Receipt this Period
Occupation: Dermatologist		<input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. Sabra Sullivan		Date of Receipt
Mailing Address 242 Hidden Oaks Dr		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Ridgeland	State MS	Zip Code 39157-7000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 96BC1A9454D12B4B472
Name of Employer: Dermatology Associates, LLC		Amount of Each Receipt this Period
Occupation: Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Brett Summey		Date of Receipt
Mailing Address 456 Parkcrest Drive		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2014"/>
City Boone	State NC	Zip Code 28607
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 3E03644096F601BEBC4
Name of Employer: Boone Dermatology		Amount of Each Receipt this Period
Occupation: Dermatologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michael Todd
Full Name (Last, First, Middle Initial)

Mailing Address 18946 Canoe Landing Ct

City Leesburg State VA Zip Code 20176-8218

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

Name of Employer Skin Cancer Center of Northern Virgini Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2014
Transaction ID : 2FB54D860D927B52AA6

Amount of Each Receipt this Period 500.00

B. Abel Torres
Full Name (Last, First, Middle Initial)

Mailing Address 11370 Anderson St
Department of Dermatology, Ste 260

City Loma Linda State CA Zip Code 92354-3450

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

Name of Employer Loma Linda University Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2014
Transaction ID : DA41CEC8-8D51-42C7-

Amount of Each Receipt this Period 1000.00

C. Ben M. Treen
Full Name (Last, First, Middle Initial)

Mailing Address 25 Hospital Center Common
Suite 200

City Hilton Head Island State SC Zip Code 29926

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

Name of Employer May River Dermatology Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2014
Transaction ID : 7734033A96EF23BFEC2

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 47 OF 61
	<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. Jean Urquhart
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2606

City Edwards State CO Zip Code 81632-2606

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

Name of Employer Mountain Dermatology Specialists 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
 03 / 26 / 2014

Transaction ID : 0D1FF7154A95F0E0A24

Amount of Each Receipt this Period
 250.00

B. Marta Jane Van Beek
Full Name (Last, First, Middle Initial)

Mailing Address 200 Hawkins Dr
Dermatology Department

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer Univ of Iowa Hospitals and Clinics 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
 03 / 18 / 2014

Transaction ID : 5291AFD8-A115-4316-

Amount of Each Receipt this Period
 1000.00

C. Michael Rebert Warner
Full Name (Last, First, Middle Initial)

Mailing Address 63 Thomas Johnson Dr
Ste B

City Frederick State MD Zip Code 21702-4396

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

Name of Employer The Cosmetic & Skin Surgery Center 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
 03 / 02 / 2014

Transaction ID : 1A95082F-0CB6-4162-

Amount of Each Receipt this Period
 500.00

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 48 OF 61
	<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. Susan H. Weinkle
Full Name (Last, First, Middle Initial)

Mailing Address 2423 Landings Cir

City Bradenton State FL Zip Code 34209-9675

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 03 / 24 / 2014
Transaction ID : 6DD706D520B208A38BC

Amount of Each Receipt this Period 500.00

B. Jonathan S. Weiss
Full Name (Last, First, Middle Initial)

Mailing Address 2383 Pate St N

City Snellville State GA Zip Code 30078-3250

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

Name of Employer Gwinnett Dermatology, PC Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 18 / 2014
Transaction ID : ADF09CAA-F483-494D-

Amount of Each Receipt this Period 250.00

C. Richard Helge Weyer
Full Name (Last, First, Middle Initial)

Mailing Address 20 E Calle De Amistad

City Tucson State AZ Zip Code 85716-4912

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2014
Transaction ID : A103798E616C540084E

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 49 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michael G. Wilkerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 Univ Blvd
 4.112 McCullough, Dept of
 City Galveston State TX Zip Code 77555-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Texas Medical Branch 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
 03 / 07 / 2014
Transaction ID : 516E8981-EDAA-4EAF-
 Amount of Each Receipt this Period
 500.00

B. George R. Woodbury Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2118 Kirby Rd
 City Memphis State TN Zip Code 38119-5510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rheumatology and Dermatology Associate Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2014
Transaction ID : 21BE3A4AB2746EFFB89
 Amount of Each Receipt this Period
 3750.00

C. Elisa K. Yoo
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 Katella Ave
 Ste 414
 City Los Alamitos State CA Zip Code 90720-3386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Elisa K. Yoo, M.D., P.C. 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
 03 / 18 / 2014
Transaction ID : FFA55C96-E78D-48F7-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	4750.00
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 50 OF 61
	<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. 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 **249.99**

Date of Receipt **03 / 25 / 2014**
Transaction ID : 490B8B44291981832D78
 Amount of Each Receipt this Period **83.33**

B. David G. Yrastorza
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 Camelot Ln
 City Lakeland State FL Zip Code 33813-2671
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 17 / 2014**
Transaction ID : F6FD6878026A95162DA
 Amount of Each Receipt this Period **500.00**

C. Michael D. Zanolli
 Full Name (Last, First, Middle Initial)
 Mailing Address 4230 Harding Pike
 Dermatology Offices at St. Thomas
 City Nashville State TN Zip Code 37205-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Medical Associates Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 15 / 2014**
Transaction ID : C23A3FDA-A9FC-4811-
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	1583.33
TOTAL This Period (last page this line number only).....	103580.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Amex Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : VDC913DA2F38236D2D20

Amount of Each Disbursement this Period

937.13

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
VS/MC Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : V755FD178D7871B91855

Amount of Each Disbursement this Period

919.43

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1856.56

1856.56

**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. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Ameriash B. Bera

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : 04D7444CE1BFB0A89EC

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

William Cassidy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : 6460F6C53206799D99C

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Larry D. Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : C3A0044B57A4EECBF9E

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)..... ▶

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Larry D. Bucshon

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : EA1DE17E8D2E759AD1C

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Cathy McMorris Rodgers

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	3		2	6		2	0	1	4

Transaction ID : 6A05D06AE5174A35CAD

Amount of Each Disbursement this Period

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

C. Charles Boustany Jr. Md for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Charles W. Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : 6E6666F817E0B25ACA8

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6	5	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. Citizens for Cochran

Mailing Address PO Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

William Thad Cochran

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

Transaction ID : 6EA44268953350281EE

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St SE
Suite 310

City State Zip Code
Washington DC 20003

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Linda T. Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : A9EF188E2E53EE76E6D

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Common Values PAC

Mailing Address 901 N Washington St, Suite 700

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Common Values PAC

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	3		1	0		2	0	1	4

Transaction ID : E9ACA7EBEB5E12C9001

Amount of Each Disbursement this Period

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

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

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

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

7	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)

PAGE 55 OF 61

<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. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

David Lee Camp

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			10			2014			

Transaction ID : 996A9B2F642BAB9DA93

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Dr Chad Mathis for Congress

Mailing Address 2960 Pelham Pkwy
PO Box 1641

City Pelham State AL Zip Code 35124-5641

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Chad Mathis

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			26			2014			

Transaction ID : A73183980F0C2239973

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz for Congress

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Raul Ruiz

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			10			2014			

Transaction ID : AB780B8DDB2764FCABD

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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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. Friends of Bill Posey

Mailing Address PO Box 411486

City Melbourne State FL Zip Code 32941

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Bill Posey

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	10	/	2014

Transaction ID : 8FCE61E0D0E237AEB10

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends of Bob Johnson

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Robert Eugene Johnson M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2014

Transaction ID : 112450537E0262B5481

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Joseph Heck Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	10	/	2014

Transaction ID : 485F189DBEC7787E5FC

Amount of Each Disbursement this Period

2000.00

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

5500.00

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. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : 05A907A7FFAA3D62C75

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : 21DA665EA3D9F1E252D

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Lois Capps

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	4

Transaction ID : 44C8278B31D2FB4EE4D

Amount of Each Disbursement this Period

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

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

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

6	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 Michelle

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : FEB09DC4C35F74F7AF2

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Friends of Val Arkoosh

Mailing Address PO Box 1011

City Glenside State PA Zip Code 19038

Purpose of Disbursement
2014 Primary

011

Candidate Name

Valerie Ann Arkoosh

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	4

Transaction ID : 4981173B65A5C4CC9AE

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Hope for Congress

Mailing Address PO Box 3060

City Arlington State VA Zip Code 22203

Purpose of Disbursement
2014 Primary

011

Candidate Name

Patrick A. Hope

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	4

Transaction ID : D53A016C92DE8B5A126

Amount of Each Disbursement this Period

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

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

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

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. Hudson for Congress

Mailing Address PO Box 5053

City State Zip Code
Concord NC 28027-1500

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name

Richard Lane Hudson Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

/ /

Transaction ID : 6EE231F1EDDAB1FB96C

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Impact

Mailing Address 192 Lexington Ave.
Suite 1001

City State Zip Code
New York NY 10016

Purpose of Disbursement
2014 Contribution

Category/
Type

Candidate Name

Impact

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

/ /

Transaction ID : B29ED6CFED7B2D6B700

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lance for Congress

Mailing Address PO Box 225

City State Zip Code
Colonia NJ 07067

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name

Leonard Lance

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

/ /

Transaction ID : 426BC052EF311DB8DD2

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Michael C. Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2014

Transaction ID : A1464DA217D6C9EE807

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Peter J. Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2014

Transaction ID : CBC8EA47663AC06CBAC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Voice for Freedom

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2014

Transaction ID : A447695CF8DC679938E

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. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name

John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

/ /

Transaction ID : 47890DC821A576DE9E3

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

/ /

Amount of Each Disbursement this Period

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

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