

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines 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 C00359539 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, 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 PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 02 01 2010 through 02 28 2010

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 J. Debnar Signature of Treasurer Electronically Filed by Steven J. Debnar Date 03 12 2010

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		273974.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	254518.89									
(c) Total Receipts (from Line 19)	26604.00	29899.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	281122.89	303873.15								
7. Total Disbursements (from Line 31)	5103.76	27854.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	276019.13	276019.13								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	0

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)	22890.00	24845.00
(ii) Unitemized	3714.00	5054.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26604.00	29899.00
(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)	26604.00	29899.00
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 Transfer (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))	26604.00	29899.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26604.00	29899.00

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	103.76	354.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	103.76	354.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	27500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5103.76	27854.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5103.76	27854.02

DETAILED SUMMARY PAGE
of Disbursements

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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)	26604.00	29899.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26604.00	29899.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	103.76	354.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	103.76	354.02

**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 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John G. Albertini	Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 1529 Boxthorne Lane	Transaction ID: 5DA9CA59307916A3BB7
	City State Zip Code Winston Salem NC 27106-4471	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Skin Surgery Center Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mitchell Arthur Anolik	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 2310 E Allegheny Avenue	Transaction ID: BD6E1D24246619576D2
	City State Zip Code Philadelphia PA 19134-4401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Craig N. Burkhart	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address Apt. 204 100 Stanley	Transaction ID: 18278CFF037BC0CAEB0
	City State Zip Code Chapel Hill NC 27517-7391	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation The Univ of NC at Chapel Hill Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: PAGE 8 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Randall D. Burr		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address 1216 S Lake Pointe Way		Transaction ID: FA6A814A8E8204B2FBE
City Eagle	State ID	
Zip Code 83616-7125		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Ada West Dermatology	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Robert Lane Chappell, Jr.		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address 5001 Pepperidge Place		Transaction ID: 20E584589DD6481E280
City Odessa	State TX	
Zip Code 79761-2224		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Karen A. DeVore		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address 490 Floyd Road		Transaction ID: 1E836402961035A4BC9
City Spartanburg	State SC	
Zip Code 29307-1518		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer DeVore Dermatology, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 9 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Peter Donelan		Date of Receipt MM / DD / YYYY 02 / 23 / 2010
Mailing Address Suite 200 3000 E Fletcher Avenue		Transaction ID: 7F56EC7CA4EC3A9599E
City Tampa	State Zip Code FL 33613-4644	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) C. William Doubleday		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address 5302 Fieldwood Drive		Transaction ID: 24E332A9E82A541CA13
City Houston	State Zip Code TX 77056-2708	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dirk Michael Elston		Date of Receipt MM / DD / YYYY 02 / 01 / 2010
Mailing Address 115 Woodbine Lane		Transaction ID: A0392A7FE21C2267791
City Danville	State Zip Code PA 17821-9118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Geisinger-Dermatology	Occupation Self Employed	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PayPal

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: PAGE 10 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Bert C. Frichot, III		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address Suite 360 4242 Farnam Street		Transaction ID: 8B4DCD990FEB6C9CFB
City Omaha	State Zip Code NE 68131-2850	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Anna Demirdjian Guanche		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address 24948 Lorenzo Court		Transaction ID: 9AC171742BFA1B77E32
City Calabasas	State Zip Code CA 91302-3088	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bella Skin Institute	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) C. William Hanke		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
Mailing Address 5125 Green Braes East Drive		Transaction ID: E31F171C5B1C93216E7
City Indianapolis	State Zip Code IN 46234-2915	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Saint Vincent Carmel Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<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.	Full Name (Last, First, Middle Initial) Patrick M. Hatfield		Date of Receipt MM / DD / YYYY 02 / 18 / 2010
	Mailing Address 299 Eagle Mountain Boulevard		Transaction ID: B88977E488C80D7501E
	City Batesville	State AR	Zip Code 72501-4232
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Melanie R. Haynes		Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 9494 Silverthorn Road		Transaction ID: 66DA7FE29AE947F1E65
	City Largo	State FL	Zip Code 33777-3165
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
	Name of Employer Skin Wellness Center	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) William Lenox Heimer		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address Suite 310 320 Santa Fe Drive		Transaction ID: 20660332CA857C9AF6F
	City Encinitas	State CA	Zip Code 92024-5140
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer H H Business Services, In- c.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1125.00
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 12 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Terri H. Henson

Mailing Address 3345 Dell Glade Drive

City Memphis State TN Zip Code 38111-4715

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 02 / 24 / 2010

Transaction ID: 5AC035257837B94B0B6

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dori Lee Hunt

Mailing Address 5242 Foley Drive

City Hickory State NC Zip Code 28602-8280

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

Name of Employer Piedmont Plastic Surgery & Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 02 / 24 / 2010

Transaction ID: BE33A078E5AF38309E1

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
William D. James

Mailing Address 766 Applegate Lane

City Bryn Mawr State PA Zip Code 19010-1117

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 ▼ 1000.00

Date of Receipt 02 / 14 / 2010

Transaction ID: 74006FC054A3EF3B38A

Amount of Each Receipt this Period 1000.00

PayPal

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Donald E. Kern	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 6928 96th Avenue Southeast	Transaction ID: 164355D294E504E7C5F
	City State Zip Code Mercer Island WA 98040-5406	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Polyclinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Roger S. Knutsen	Date of Receipt MM / DD / YYYY 02 / 10 / 2010
	Mailing Address 1518 Forest Drive	Transaction ID: 377EF0338BAC0C3991D
	City State Zip Code Rapid City SD 57701-4448	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer West River Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Kimberly A. Kolar	Date of Receipt MM / DD / YYYY 02 / 15 / 2010
	Mailing Address 4385 Juniper Trail	Transaction ID: A0CF500E457F0A8EBF5
	City State Zip Code Reno NV 89519-2987	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 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 14 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jennifer B. Krasnoff		Date of Receipt
	Mailing Address 1 Red Cedar Court		<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	San Rafael	CA	94903-1011
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Dermatology Associates of the Bay Area		Occupation Physician	Transaction ID: 57B531574D269BCF48E
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
		PayPal	

B.	Full Name (Last, First, Middle Initial) Mary E. Maloney		Date of Receipt
	Mailing Address 16 Explorers Way		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Holden	MA	01520-3408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Div of Derm, UMMHC		Occupation Physician	Transaction ID: 7074C65ED5D4991C8D2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Linda Susan Marcus		Date of Receipt
	Mailing Address 436 William Way N		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wyckoff	NJ	07481-1710
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation Physician	Transaction ID: 88C7D984E67D01DA3B9
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Michael Charles Margulies		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address Suite 704E 8940 N Kendall Drive		Transaction ID: 8FB67AD7BB0707EEE53
City Miami	State Zip Code FL 33176-2100	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Joseph M. Masessa		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address 35 Green Pond Road		Transaction ID: 95536A44EEA2258F5B9
City Rockaway	State Zip Code NJ 07866-2052	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer North Jersey Dermatology Center	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Eileen Murray		Date of Receipt MM / DD / YYYY 02 / 18 / 2010
Mailing Address Apt. 2601 400 N Lasalle Street		Transaction ID: 700FC64864E83742D85
City Chicago	State Zip Code IL 60610-8530	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer American Academy of Dermatology	Occupation Association Management	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1500.00
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 16 / 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Margaret E. Olsen

Mailing Address Suite 406
11600 Wilshire Boulevard

City State Zip Code
Los Angeles CA 90025-1785

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: 2AF96BD5EF52B7BE9E9

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

William D. Posten

Mailing Address Suite 102
12222 Coit Road

City State Zip Code
Dallas TX 75251-2302

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

Name of Employer Occupation
Mohs Surgery Specialists Dermatologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: D161A38F0C5DC8048DC

Amount of Each Receipt this Period
500.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Jack S. Resneck, Jr.

Mailing Address 312 H Street

City State Zip Code
San Rafael CA 94901-1729

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

Name of Employer Occupation
UCSF Dermatology Faculty Practice Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: 5CDB1A96AFD71EF649D

Amount of Each Receipt this Period
350.00

PayPal

SUBTOTAL of Receipts This Page (optional)

1100.00

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 17 / 22
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Hobart K. Richey

Mailing Address 443 Anchorage Drive

City State Zip Code
Nokomis FL 34275-3102

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
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: 87A680144F37663490F

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kenneth Alan Rosen

Mailing Address 9120 Southwest 103rd Street

City State Zip Code
Miami FL 33176-3081

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
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: E17C24614FC EE55583D

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steven P. Rosenberg

Mailing Address Suite A102
470 Columbia Drive

City State Zip Code
West Palm Beach FL 33409-1983

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
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: F1CD873535D69AF7CFB

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: PAGE 18 / 22
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) David N. Silvers		Date of Receipt MM / DD / YYYY 02 / 24 / 2010	
Mailing Address 1045 Park Avenue		Transaction ID: F19DB05F8EDE71DCF16	
City New York	State NY	Zip Code 10028-1030	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B.

Full Name (Last, First, Middle Initial) Timothy Jon Storer		Date of Receipt MM / DD / YYYY 02 / 23 / 2010	
Mailing Address 2561 Aikin Circle S		Transaction ID: 53ACDE3FA337CC0682C	
City Lewis Center	State OH	Zip Code 43035-8024	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C.

Full Name (Last, First, Middle Initial) Sabra Sullivan		Date of Receipt MM / DD / YYYY 02 / 17 / 2010	
Mailing Address 102 Hidden Heights		Transaction ID: D482CF466B3324CA410	
City Ridgeland	State MS	Zip Code 39157-8626	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dermatology Associates, LLC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 22
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
David R. Taylor, Jr.

Mailing Address 7334 N Hulbert Avenue

City State Zip Code
Fresno CA 93711-0467

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
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: F319CB0F323A266B157

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael D. Tharp

Mailing Address 529 N Lincoln Street

City State Zip Code
Hinsdale IL 60521-3446

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

Name of Employer Rush Univ Medical Center Occupation
Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 797C76437037167E388

Amount of Each Receipt this Period
500.00

PayPal

C. Full Name (Last, First, Middle Initial)
Gregory Wilkins Thompson

Mailing Address 255 Limestone Creek Road

City State Zip Code
San Antonio TX 78232-3501

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
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: A73B5C7294D99EC2868

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 22
	<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.	Full Name (Last, First, Middle Initial) T. Lynn Warthan	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 4730 Northeast Stallings Drive	Transaction ID: 8BD4C6E9E9E6E33D930
	City State Zip Code Nacogdoches TX 75965-1615	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Dermatologist	Aggregate Year-to-Date 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Joseph J. Zaladonis, Jr.	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 1610 Knollwood Road	Transaction ID: 1FFBD9F0F9D80F5BA92
	City State Zip Code Bethlehem PA 18015-5531	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Physician	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Michael D. Zanolli	Date of Receipt MM / DD / YYYY 02 / 17 / 2010
	Mailing Address 513 Fairfax Avenue	Transaction ID: 13D467855D76F9EC1E5
	City State Zip Code Nashville TN 37212-4010	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Heritage Medical Associates Occupation Physician	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	22890.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 21 / 22

<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)

A. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VBE1BE7BA35AAE4C9EB0 Date of Disbursement 02 / 02 / 2010
	Amount of Each Disbursement this Period 44.74 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V9288EA15A25899F9DA9 Date of Disbursement 02 / 02 / 2010
	Amount of Each Disbursement this Period 30.00 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ►

74.74

TOTAL This Period (last page this line number only) ►

74.74

**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)

A.

Full Name (Last, First, Middle Initial)

Friends of John McCain Inc

Mailing Address PO Box 16664

City Arlington State VA Zip Code 22215

Purpose of Disbursement
2010 Primary

Candidate Name
John McCain

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District:

Transaction ID: 86AFAC5DB17E60C6810

Date of Disbursement

02 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2010 Primary

Candidate Name
Richard E. Neal

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 02

Transaction ID: 85BB52D058D59132D67

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00