

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) 1350 I St NW
Ste 870
 Check if different than previously reported. (ACC)
Washington DC 20005

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 08 01 2009 through 08 31 2009

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 09 16 2009

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

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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		247678.13
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	213136.93									
(c) Total Receipts (from Line 19)	26965.00	206406.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	240101.93	454084.81								
7. Total Disbursements (from Line 31)	21205.64	235188.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	218896.29	218896.29								
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:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	22830.00	155487.51
(ii) Unitemized	4135.00	50919.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26965.00	206406.68
(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)	26965.00	206406.68
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))	26965.00	206406.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26965.00	206406.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	205.64	3187.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	205.64	3187.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	232000.00
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	1.00
(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	1.00
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))..	21205.64	235188.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21205.64	235188.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	26965.00	206406.68
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26965.00	206405.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	205.64	3187.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	205.64	3187.52

**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 / 26
	<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) Emily M. Altman	Date of Receipt MM / DD / YYYY 08 / 07 / 2009
	Mailing Address 2 Bear Brook Ln	Transaction ID: 580AB0B10DBB3107287
	City State Zip Code Livingston NJ 07039-4708	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Comprehensive Dermatology Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Melanie L. Appell	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 7915 Hampton PI	Transaction ID: 3FEA3FF2924102DC7E2
	City State Zip Code Birmingham AL 35242-2505	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Total Skin & Beauty Derm Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) David R. Arrowsmith	Date of Receipt MM / DD / YYYY 08 / 20 / 2009
	Mailing Address 111 E Miracle Strip Pkwy	Transaction ID: A11E529FA2C3C58FC19
	City State Zip Code Mary Esther FL 32569-1921	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

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: PAGE 8 / 26
(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

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)
Edward Ernest Aston, IV

Mailing Address 31291 Paseo Crucero

City San Juan Capistran State CA Zip Code 92675-5399

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 08 / 27 / 2009

Transaction ID: 3689FDCCABC49D4AC0

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Phillip Bowes Bandel

Mailing Address 1055 Wilburn Dr

City Paris State TX Zip Code 75460-6457

FEC ID number of contributing federal political committee. C

Name of Employer NuLook Dermatology of Paris Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 07 / 2009

Transaction ID: DA868A5C414867F73A6

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Ronald Jeffrey Barr

Mailing Address 34 Campanilla

City San Clemente State CA Zip Code 92673-2753

FEC ID number of contributing federal political committee. C

Name of Employer Dermatopathology Laboratory Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 10 / 2009

Transaction ID: 657FD0513CD9BAD14D5

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<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) Marvin E. Bishop		Date of Receipt
	Mailing Address 6710 Old Boonesboro Rd		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Winchester	KY	40391-8883
	FEC ID number of contributing federal political committee. C		Transaction ID: 5292DE07F463C09172A
Name of Employer Self Employed		Occupation Physicians	Amount of Each Receipt this Period
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"/>

B.	Full Name (Last, First, Middle Initial) Mitchell L. Bressack		Date of Receipt
	Mailing Address 33 Graymoor Ln		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Olympia Fields	IL	60461-1209
	FEC ID number of contributing federal political committee. C		Transaction ID: 6DA402A34687CDF1276
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
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"/>

C.	Full Name (Last, First, Middle Initial) Solomon S. Brickman		Date of Receipt
	Mailing Address 5162 Jason St		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Houston	TX	77096-1427
	FEC ID number of contributing federal political committee. C		Transaction ID: 2D83F36F35DA13350C9
Name of Employer Self Employed		Occupation Dermatologist	Amount of Each Receipt this Period
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="750.00"/>
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: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Darryl M. Bronson		Date of Receipt MM / DD / YYYY 08 / 28 / 2009		
	Mailing Address Ste 310 767 Park Ave W		Transaction ID: 9C5483124782D4CA8DC		
	City Highland Park	State IL	Zip Code 60035-2472	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		PayPal		
	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) David F. Butler		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 3627 Fall Creek Ln		Transaction ID: 782C5A803B0B0EF0123		
	City Temple	State TX	Zip Code 76504-2113	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Scott and White Clinic	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Robert Lane Chappell, JR.		Date of Receipt MM / DD / YYYY 08 / 27 / 2009		
	Mailing Address 5001 Pepperidge Pl		Transaction ID: 07B2674431D46BD5817		
	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			

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
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 / 26
	<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) Leslie Robin Coker		Date of Receipt MM / DD / YYYY 08 / 20 / 2009		
	Mailing Address 52 Cedar Road		Transaction ID: EE79A7494655BC9792E		
	City Newport News	State VA	Zip Code 23601	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Associates in Dermatology, Inc.		Occupation Dermatologist		

B.	Full Name (Last, First, Middle Initial) Karen Collishaw		Date of Receipt MM / DD / YYYY 08 / 17 / 2009		
	Mailing Address Ste 870 1350 I St NW		Transaction ID: 2E41F8996E94D037C1F		
	City Washington	State DC	Zip Code 20005-3387	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer American Academy of Dermatology		Occupation Association Management		

C.	Full Name (Last, First, Middle Initial) Suzanne Marie Connolly		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 6229 E Via Los Caballos		Transaction ID: 3F6DF331D1F3E66345D		
	City Paradise Valley	State AZ	Zip Code 85253-2269	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Mayo Clinic Arizona		Occupation Physician		

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: PAGE 12 / 26
(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

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) Robert D. Durst, JR.		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 7310 SW Robins Dr		Transaction ID: FBA294EDD20EA3B4329
City Topeka	State Zip Code KS 66610-1548	
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) Steven R. Feldman		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 807 Chester Rd		Transaction ID: E23F3DEF4A4605BD56F
City Winston Salem	State Zip Code NC 27104-1707	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer WFU - School of Medicine	Occupation Dermatologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Denise Forte-Pathroff		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 5601 Highway 1804 S		Transaction ID: F87BCB3AC8AAF06698B
City Bismarck	State Zip Code ND 58504-4126	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26
(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

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)
William E. Freeman

Mailing Address 112 Steeplechase Run

City Warner Robins State GA Zip Code 31088-1616

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 08 / 17 / 2009
Transaction ID: 948E3FF4CC400A2B268

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Richard C. Geary, JR.

Mailing Address 1038 Market St

City Wheeling State WV Zip Code 26003-2912

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 ▼ 365.00

Date of Receipt 08 / 17 / 2009
Transaction ID: 49E024649F78ED344B7

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Ann Koppius Gerald

Mailing Address 2116 Southwinds Cir

City Hoover State AL Zip Code 35244-3298

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

Name of Employer Dermatology Plus PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2009
Transaction ID: B9814329E3ACB500717

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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 / 26
	<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) Stuart R. Gildenberg		Date of Receipt		
	Mailing Address Ste 201 11900 E 12 Mile Rd		M M / D D / Y Y Y Y 08 / 10 / 2009		
	City Warren	State MI	Zip Code 48093-3490	Transaction ID: C1C5EB1143948994E70	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00		
	Name of Employer Midwest Ctr for Derm & Co-smetic Surger		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Lawrence J. Green		Date of Receipt		
	Mailing Address 7820 Mary Cassatt Dr		M M / D D / Y Y Y Y 08 / 10 / 2009		
	City Potomac	State MD	Zip Code 20854-3227	Transaction ID: E665FE2DE4CF17F8D29	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	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 ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Thomas D. Griffin		Date of Receipt		
	Mailing Address 741 Hunt Ln		M M / D D / Y Y Y Y 08 / 20 / 2009		
	City Flourtown	State PA	Zip Code 19031-1001	Transaction ID: F32AF2CCB36A0F64E22	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Institute for Dermatopath-ology		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)	▶	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 15 / 26
	<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) Kenneth Grossman		Date of Receipt MM / DD / YYYY 08 / 27 / 2009		
	Mailing Address 31 Windsor Dr		Transaction ID: 8DD0FA7B8BB259450FD		
	City Little Silver	State NJ	Zip Code 07739-1354	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			

B.	Full Name (Last, First, Middle Initial) Beverly L. Held		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 146 Mediterranean Dr		Transaction ID: 2DE0A44701CE87EA2AF		
	City Corpus Christi	State TX	Zip Code 78418-2902	Amount of Each Receipt this Period 365.00	
	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 ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Ronald A. Henrichs		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 930 E Woodfield Rd		Transaction ID: F53AD10CE2C672B2163		
	City Schaumburg	State IL	Zip Code 60173-4729	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Academy of Dermatology	Occupation Association Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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: PAGE 16 / 26
(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

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)
Carl A. Johnson

Mailing Address 2610 Blossom St

City Columbia State SC Zip Code 29205-2308

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 08 / 26 / 2009

Transaction ID: 688556010F065B3C301

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Andrew P. Lazar

Mailing Address 1960 Emerald Woods Ln

City Highland Park State IL Zip Code 60035-2116

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 08 / 10 / 2009

Transaction ID: C76F8E0039499EAE9EA

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
David J. Levine

Mailing Address 1605 Asheforde Dr

City Marietta State GA Zip Code 30068-1861

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

Name of Employer Atlanta Center For Dermatologic Diseases Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2009

Transaction ID: D8DE581E484AD9A5A4E

Amount of Each Receipt this Period 1000.00

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: (check only one)	PAGE 17 / 26
	<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) Mark A. McCune		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address Quivira Med Plaza Ste 430		Transaction ID: A3E1FD33DCFECA36E5A		
	City Overland Park	State KS	Zip Code 66215-2312	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kansas City Dermatology	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Alexandria Meccia		Date of Receipt MM / DD / YYYY 08 / 26 / 2009		
	Mailing Address 7520 Ridgewood Ln		Transaction ID: 2E139C5FF4D7C3891E9		
	City Burr Ridge	State IL	Zip Code 60527-5159	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates of La Grange	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Joseph W. Musgrave, JR.		Date of Receipt MM / DD / YYYY 08 / 27 / 2009		
	Mailing Address 112 Pinepoint Rd		Transaction ID: 23D095C02095A3BF0E9		
	City Williamsburg	State VA	Zip Code 23185-4436	Amount of Each Receipt this Period 250.00	
	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) ▼		

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: PAGE 18 / 26

(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

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)

Stephanie Neider

Mailing Address 111 Pine St

City State Zip Code
Manistee MI 49660-1539

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

Name of Employer Occupation
Manistee Dermatology Office Coordinator

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

Date of Receipt

MM / DD / YYYY
08 / 27 / 2009

Transaction ID: 5DC62221D613E2993E5

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Suzanne Olbricht

Mailing Address 45 Hyde Ave

City State Zip Code
Newton MA 02458-2310

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

Name of Employer Occupation
Lahey Clinic Dermatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 79A96139A8D1E66D0FF

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)

Tara L. Passow

Mailing Address 700 Hillcrest Ct

City State Zip Code
Beaver Dam WI 53916-2418

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 ▼ 365.00

Date of Receipt

MM / DD / YYYY
08 / 10 / 2009

Transaction ID: 612D76BA15606B5DE1F

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

915.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 26
(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

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)
Sean F. Pattee

Mailing Address 1348 N Union Rd

City Manistowoc State WI Zip Code 54220-9451

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

Name of Employer Dermatology Associates of Wisconsin, S Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2009
Transaction ID: 6FDB7FD296A22F59418

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
David Michael Pilkington

Mailing Address Ste C
410 E Yosemite Ave

City Merced State CA Zip Code 95340-8220

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 08 / 26 / 2009
Transaction ID: 6DDD6393E7083077784

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Robert M. Portman

Mailing Address 1501 M Street, NW
Seventh Floor

City Washington State DC Zip Code 20005

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 08 / 19 / 2009
Transaction ID: B8EDF06E1998A16FA23

Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 20 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) William D. Posten		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address Ste 102 12222 Coit Rd		Transaction ID: 651D4353E5A41BD1C11
City Dallas	State Zip Code TX 75251-2302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Mohs Surgery Specialists	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Robert Carson Rau		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 2238 Club Rd		Transaction ID: 0D4632BFA46B13E04B8
City Columbus	State Zip Code OH 43221-4003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Howard D. Rosenman		Date of Receipt MM / DD / YYYY 08 / 26 / 2009
Mailing Address 1569 Doe Trail Ln		Transaction ID: B993E8CECA934E87047
City Yardley	State Zip Code PA 19067-4055	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rosenman & Levinthal PC	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)	980.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 26
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Robert Jay Roth

Mailing Address 16 Foothill Pl

City Pleasanton State CA Zip Code 94588-9778

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

Name of Employer Eastbay Dermatology Med Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2009
Transaction ID: D845726BFE262766533

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Shari L. Skinner

Mailing Address 13370 Sandy Key Ln

City Fort Myers State FL Zip Code 33908-1781

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

Name of Employer Associates in Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 20 / 2009
Transaction ID: D0762E5424029DF036B

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
David Allen South

Mailing Address 16 Oak Tree Ln

City Aptos State CA Zip Code 95003-9577

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 27 / 2009
Transaction ID: 443F25524D58CC31D7C

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► **915.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 26
(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

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) Laura S. Spears		Date of Receipt MM / DD / YYYY 08 / 26 / 2009
Mailing Address 490 Shady Dell Rd		Transaction ID: A3C802C771C3082A63A
City York	State Zip Code PA 17403-4483	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Derm. Assoc. of York	Occupation Dermatologist	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) Deborah R. Spey		Date of Receipt MM / DD / YYYY 08 / 27 / 2009
Mailing Address 380 Johnston Dr		Transaction ID: 12B701CEEDFA7E188DC
City Watchung	State Zip Code NJ 07069-6462	
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) Stephen P. Stone		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 2021 S Wiggins Ave		Transaction ID: A089A72A60366D154FD
City Springfield	State Zip Code IL 62704-3338	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer SIU School of Medicine, Div of Dermato	Occupation Physician	Aggregate Year-to-Date ▼ 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 23 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Marta Jane VanBeek

Mailing Address 242 Magowan Ave

City Iowa City State IA Zip Code 52246-3512

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

Name of Employer University of Iowa, Dept. of Dermatolo Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 10 / 2009
Transaction ID: 51E9479B37C4FA652E6
Amount of Each Receipt this Period 800.00

B. Full Name (Last, First, Middle Initial)
Kimberly Dawn Vincent

Mailing Address 118 Postwood Pl

City Nashville State TN Zip Code 37205-1604

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 08 / 10 / 2009
Transaction ID: F4AC102C8BE610C4239
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number only) ► 22830.00

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

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

FOR LINE NUMBER: (check only one)

<input 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

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)

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement Amex Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V5022CF3087108FA0C02 Date of Disbursement: 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 57.03</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement MC/VS Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V9CFF972C40C393AF0E2 Date of Disbursement: 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement MC/VS Fees Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VC91FB184D79E5D9C1FC Date of Disbursement: 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 118.61</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

205.64

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

205.64

**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 25 / 26

<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

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)

<p>A. Full Name (Last, First, Middle Initial) Friends of Roger Wicker</p> <p>Mailing Address PO Box 874</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Roger F. Wicker</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MS District: 01</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9335CD58CE506C87569</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name National Republican Senatorial Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 7DCA255CB3D606ADB29</p> <p>Date of Disbursement 08 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Pac To the Future</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Pac To the Future</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 9C6456883C5B07F489F</p> <p>Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

18500.00

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)

PAGE 26 / 26

<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

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) Price for Congress		Transaction ID: 2BFF96F7050A2FAE97E	
	Mailing Address PO Box 425		Date of Disbursement 08 / 21 / 2009	
	City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Primary		011	
	Candidate Name Thomas E. Price		Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: GA	District: 06		

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2100.00