

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		257375.07
(b) Cash on Hand at Beginning of Reporting Period.....	415884.10	
(c) Total Receipts (from Line 19)	20418.15	409383.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	436302.25	666758.64
7. Total Disbursements (from Line 31).....	15178.07	245634.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	421124.18	421124.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15553.15	347334.73
(ii) Unitemized	4865.00	62048.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20418.15	409383.57
(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)	20418.15	409383.57
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20418.15	409383.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20418.15	409383.57

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	678.07	7785.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	678.07	7785.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	236599.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1250.00
(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	1250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15178.07	245634.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15178.07	245634.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	20418.15	409383.57
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20418.15	408133.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	678.07	7785.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	678.07	7785.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<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. Daniel D. Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 528 Wingra St

City Madison State WI Zip Code 53715-1658

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

Name of Employer University of Wisconsin School of Medi Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 01 / 2011
Transaction ID : AA3B9F81CF0974FA6B4B

Amount of Each Receipt this Period 500.00

B. Yolanda Rosi Helfrich
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Pittsview Dr

City Ann Arbor State MI Zip Code 48108-2902

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

Name of Employer University of Michigan Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 01 / 2011
Transaction ID : A29A48ACC89EF416FACF

Amount of Each Receipt this Period 30.00

C. Frederick A. Lupton
Full Name (Last, First, Middle Initial)

Mailing Address 5305 Sequoia Ct

City Greensboro State NC Zip Code 27455-2184

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

Name of Employer Lupton Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 06 / 2011
Transaction ID : A442E7BC368AA4754AB1

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 830.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
<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. Donald I. Posner
Full Name (Last, First, Middle Initial)

Mailing Address 1059 N Pointe Cir

City Shreveport State LA Zip Code 71106-8421

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

Name of Employer Dermatology and Skin Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : A638658BC9CC24A54A9C

Amount of Each Receipt this Period
250.00

B. Alexandria Meccia
Full Name (Last, First, Middle Initial)

Mailing Address 7520 Ridgewood Ln

City Burr Ridge State IL Zip Code 60527-5159

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

Name of Employer Dermatology Associates of La Grange Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : A79F8E2774DF24AB7BF5

Amount of Each Receipt this Period
1000.00

C. Arielle N. B. Kauvar
Full Name (Last, First, Middle Initial)

Mailing Address 61 Franklin Rd

City Scarsdale State NY Zip Code 10583-7527

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

Name of Employer New York Laser & Skin Care Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : AB4FEFB527129436D8D6

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Brian Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 737 N. Michigan Ave Suite 2310
 City Chicago State IL Zip Code 60611-2635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Skin Cancer Institute, LTD Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 06 / 2011
Transaction ID : AEE7C546ED51B4F1F828
 Amount of Each Receipt this Period
 250.00

B. James L. Cook
 Full Name (Last, First, Middle Initial)
 Mailing Address 2814 SE Steele St Suite 7
 City Portland State OR Zip Code 97202-4525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 12 / 06 / 2011
Transaction ID : AE2C4A3C417E4411F8AC
 Amount of Each Receipt this Period
 500.00

c. Smita Agarwal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1376 Plymouth Rd
 City Bridgewater State NJ Zip Code 08807-1410
 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
 12 / 06 / 2011
Transaction ID : AD543BE9B14684843902
 Amount of Each Receipt this Period
 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: (check only one)	PAGE 10 OF 24
	<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. Dr. Nancy L. Marchell
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 15465
 City West Palm Beach State FL Zip Code 33416-5465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : A76EE3F75377F4E8A86D
 Amount of Each Receipt this Period
250.00

B. Debra L. Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 2903 Boyds Cove Dr
 City Annapolis State MD Zip Code 21401-7395
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : A20DF5D9CA86848598F5
 Amount of Each Receipt this Period
1000.00

C. Matthew D. Barrows
 Full Name (Last, First, Middle Initial)
 Mailing Address 1790 N. Stonebridge Dr
 City McKinney State TX Zip Code 75071-7437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Derm & Skin Cancer Surgery Center
 Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2011
Transaction ID : AB4711157D41449A1B84
 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 11 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gina Charlene Ang
Full Name (Last, First, Middle Initial)

Mailing Address 53 Crosswind Dr

City Holland State MI Zip Code 49424-7656

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
12 / 06 / 2011
Transaction ID : **AFFF89B09DC9D4814BE1**

Amount of Each Receipt this Period
250.00

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

Mailing Address 7215 Breitenfeld PI

City Vestavia State AL Zip Code 35242-8500

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
12 / 06 / 2011
Transaction ID : **A008C14C828884B0CADB**

Amount of Each Receipt this Period
250.00

C. E. Michael Kramer
Full Name (Last, First, Middle Initial)

Mailing Address 721 Governor Cir

City Newtown Square State PA Zip Code 19073-2611

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

Name of Employer Quest Diagnostics
Occupation Vice President of Dermatopathology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 07 / 2011
Transaction ID : **A3A15CB43EA1445E980E**

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<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. John R. Ashley
Full Name (Last, First, Middle Initial)

Mailing Address 3613 E 88th St

City Tulsa State OK Zip Code 74137-2671

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

Name of Employer Warren Clinic Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2011
Transaction ID : A00FA371EB7BA4CEDB8C

Amount of Each Receipt this Period 250.00

B. Michael Charles Margulies
Full Name (Last, First, Middle Initial)

Mailing Address 8940 N. Kendall Dr Suite 704e

City Miami State FL Zip Code 33176-2100

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

Name of Employer Michael C Margulies MD PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 13 / 2011
Transaction ID : A8758933834714C24830

Amount of Each Receipt this Period 500.00

C. Corrie V. Alford
Full Name (Last, First, Middle Initial)

Mailing Address 357 Hepburn Dr

City Atlanta State GA Zip Code 30349-1031

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

Name of Employer Kaiser Permanente Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 486.64

Date of Receipt 12 / 20 / 2011
Transaction ID : A8EE3E74AF50049BFB1C

Amount of Each Receipt this Period 60.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 810.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<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. Christine A. DeWitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 Woodley Place NW Apt 1103
 City Washington State DC Zip Code 20008-1570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgetown Univ Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 20 / 2011
Transaction ID : A3E1F2E3F185E46B887B
 Amount of Each Receipt this Period 50.00

B. Ann Margaret Leibold
 Full Name (Last, First, Middle Initial)
 Mailing Address 4021 S Dexter St
 City Englewood State CO Zip Code 80113-5123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Advanced Dermatology Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2011
Transaction ID : ADE1850243E6D4951824
 Amount of Each Receipt this Period 250.00

C. Barbara Greenan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 New York Ave NW Suite 800
 City Washington State DC Zip Code 20005-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Dermatology Occupation Association Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2011
Transaction ID : A48053C17A8644A2C9C9
 Amount of Each Receipt this Period 45.40

SUBTOTAL of Receipts This Page (optional).....▶	345.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Karen Collishaw
 Full Name (Last, First, Middle Initial)
 Mailing Address 1445 New York Ave NW Suite 800
 City Washington State DC Zip Code 20005-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Dermatology Occupation Association Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1008.00**

Date of Receipt **12 / 20 / 2011**
Transaction ID : A4F6E1907406A463FA11
 Amount of Each Receipt this Period **84.00**

B. Eileen Murray
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N. La Salle Dr Apt 2601
 City Chicago State IL Zip Code 60654-8530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Dermatology Occupation Association Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 20 / 2011**
Transaction ID : A61B76F0E7B3546BEA3A
 Amount of Each Receipt this Period **250.00**

C. Sandra I. Read
 Full Name (Last, First, Middle Initial)
 Mailing Address 6915 Radnor Rd
 City Bethesda State MD Zip Code 20817-6328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation INVESTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 20 / 2011**
Transaction ID : A543FB59AEA59422DBB2
 Amount of Each Receipt this Period **454.50**

SUBTOTAL of Receipts This Page (optional)..... **788.50**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
<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. Charity Foster McConnell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5095 Heathrow Blvd
 City Brentwood State TN Zip Code 37027-6538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franklin Dermatology Group, PLC Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : AF5171EFF7137456DA74
 Amount of Each Receipt this Period
 100.00

B. Elizabeth Shannon Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 861 Tulip Poplar Dr
 City Birmingham State AL Zip Code 35244-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Martin Dermatology and Skin Wellness Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : A30588DA26EC84B08B49
 Amount of Each Receipt this Period
 100.00

C. Hazle Smith Konerding
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Cyril Ln
 City Henrico State VA Zip Code 23229-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : A9695E05816554FEFA08
 Amount of Each Receipt this Period
 413.00

SUBTOTAL of Receipts This Page (optional).....▶	613.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Alan I. Westheim
Full Name (Last, First, Middle Initial)

Mailing Address 4005 Lessig Ln

City Stroudsburg State PA Zip Code 18360-9030

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
12 / 20 / 2011
Transaction ID : A836DC1755367497991E

Amount of Each Receipt this Period
250.00

B. Dmitry Khasak
Full Name (Last, First, Middle Initial)

Mailing Address 239 E. 44th St Apt 25g

City New York State NY Zip Code 10017-4337

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 ▼
212.94

Date of Receipt
12 / 20 / 2011
Transaction ID : AC1B84818F39842248B5

Amount of Each Receipt this Period
30.42

C. Sabra Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 102 Hidden Hts

City Ridgeland State MS Zip Code 39157-8626

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

Name of Employer Dermatology Associates, LLC
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 20 / 2011
Transaction ID : A0D4F0A9ABED94F358D2

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William Lenox Heimer
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Santa Fe Dr Suite 310
 City Encinitas State CA Zip Code 92024-5140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer H H Business Services, Inc. Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2011
Transaction ID : A8CFC182E70714442994
 Amount of Each Receipt this Period
 350.00

B. Avis Brown Yount
 Full Name (Last, First, Middle Initial)
 Mailing Address 2922 Bransford Rd
 City Augusta State GA Zip Code 30909-3004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Augusta Dermatology Associates Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A452AC96620844069869
 Amount of Each Receipt this Period
 250.00

C. Jerome L. Shupack
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 E. 31st St Apt 9c
 City New York State NY Zip Code 10016-6372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NYU Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A9602CB2167814F1DA41
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 19 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul S. Cabiran
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 Hospital Dr Suite 302
 City Highlands State NC Zip Code 28741-7616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Highlands Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A05A16A3E330B4D8B91A
 Amount of Each Receipt this Period
500.00

B. Jeffrey P. Young
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Beech St
 City Texarkana State AR Zip Code 71854-3509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A6CE02447F5B14405913
 Amount of Each Receipt this Period
280.00

C. William Henry Saye Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 Forest Hills Dr Suite 7
 City Harrisburg State PA Zip Code 17112-1089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dermatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2011
Transaction ID : A9C25BD7E59CC45F485E
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1030.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<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. Jeffrey C. Houin Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4830 Acorn Dr
 City Belden State MS Zip Code 38826-9545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Center of North MS, PA Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 30 / 2011**
Transaction ID : AAB332AD7416D4580AB6
 Amount of Each Receipt this Period **250.00**

B. Paul C. Timmermann
 Full Name (Last, First, Middle Initial)
 Mailing Address 6621 Poage Valley Road Ext
 City Roanoke State VA Zip Code 24018-6850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates of Roanoke Occupation Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **325.00**

Date of Receipt **12 / 30 / 2011**
Transaction ID : A2623F7AF24074836A33
 Amount of Each Receipt this Period **325.00**

C. Phyllis K. Murphy
 Full Name (Last, First, Middle Initial)
 Mailing Address 418 Saint Andrews Dr
 City Belleair State FL Zip Code 33756-1935
 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 **12 / 30 / 2011**
Transaction ID : AF3F3904703464C66A70
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1075.00
TOTAL This Period (last page this line number only).....	15553.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2011

Transaction ID : B6FED123EC68C4AF8A73

Amount of Each Disbursement this Period

164.32

B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement
MC/VS Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2011

Transaction ID : BCE4F350278264E059B7

Amount of Each Disbursement this Period

222.25

C. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement
Aristotle Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2011

Transaction ID : B61C79E3AE16D4C09941

Amount of Each Disbursement this Period

291.50

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

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

678.07

678.07

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President

State: CA District: 31

Disbursement For: 2011
 Primary General
 Other (specify) **Other2011**

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2011

Transaction ID : B68D17D526D1B4CF1B02

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Allyson Schwartz for Congress

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought: House
 Senate
 President

State: PA District: 13

Disbursement For: 2011
 Primary General
 Other (specify) **Other2011**

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2011

Transaction ID : B07D51C977618447FA9E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) **Other2011**

Date of Disbursement

MM / DD / YYYY
12 / 21 / 2011

Transaction ID : BE951AF3DB721440B967

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Majority Committee PAC - MC PAC

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) Other2011

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2011

Transaction ID : BB2C984D7865C440F82A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for Congress

Mailing Address 8550 United Plaza Blvd. Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement

Candidate Name

Rep. Bill Cassidy

Office Sought: House Senate President

State: LA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	07	/	2011

Transaction ID : B265772FCDD544DC78BE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Committee for the Preservation of Capitalism (CPC), the

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2011
 Primary General
 Other (specify) ▼ Other2011

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2011

Transaction ID : B4740679361AF4F3DA20

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Shore Pac

Mailing Address PO Box 3157

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Other2011

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			02			2011					

Transaction ID : B120D3097A6ED44F1974

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

14500.00
