

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) 1445 New York Avenue NW
Ste 800
 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 03 01 2011 through 03 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Electronically Filed by Steven Debnar Date 04 19 2011

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)

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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		257375.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	218987.12									
(c) Total Receipts (from Line 19)	13745.01	50960.02								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	232732.13	308335.09								
7. Total Disbursements (from Line 31)	25285.78	100888.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	207446.35	207446.35								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	11970.55	44412.10
(ii) Unitemized	1774.46	6547.92
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13745.01	50960.02
(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)	13745.01	50960.02
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))	13745.01	50960.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13745.01	50960.02

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.....	311.00	813.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	311.00	813.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	24974.78	99974.78
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	100.00
(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	100.00
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))..	25285.78	100888.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25285.78	100888.74

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)	13745.01	50960.02
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13745.01	50860.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	311.00	813.96
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	311.00	813.96

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 / 18
	<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) Rodney S. W. Basler		Date of Receipt MM / DD / YYYY 03 / 21 / 2011		
	Mailing Address 2700 Eastgate St		Transaction ID: A65BC55CEFBFAF4414925		
	City Lincoln	State NE	Zip Code 68502-5024	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date 1100.00		

B.	Full Name (Last, First, Middle Initial) Marc E. Boddicker		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address 705 Columbus St		Transaction ID: A1F01CE7FF41F435EBE3		
	City Rapid City	State SD	Zip Code 57701-3623	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Advanced Dermatology Center, PC	Occupation Physician	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Mitchell L. Bressack		Date of Receipt MM / DD / YYYY 03 / 13 / 2011		
	Mailing Address 33 Graymoor Ln		Transaction ID: A0E8535051941429399E		
	City Olympia Fields	State IL	Zip Code 60461-1209	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Center of Northwest Indian	Occupation Dermatologist	Aggregate Year-to-Date 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Clay J Cockerell	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 4312 Arcady	Transaction ID: A07E15C6172684CFD87A
	City State Zip Code Dallas TX 75205-3704	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cockerell & Associates	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) Ms. Karen Collishaw	Date of Receipt MM / DD / YYYY 03 / 15 / 2011
	Mailing Address 3 Thorburn Road	Transaction ID: A70D47F55119649308E0
	City State Zip Code Gaithersburg MD 20878-2627	Amount of Each Receipt this Period 84.00
	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 ▼ 252.00	

C.	Full Name (Last, First, Middle Initial) Dr. Dirk Michael Elston	Date of Receipt MM / DD / YYYY 03 / 01 / 2011
	Mailing Address 11 Clearview Dr	Transaction ID: ADD0AA38F452D4F379A7
	City State Zip Code Danville PA 17821-9115	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Geisinger	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)	834.00
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 / 18
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Matthew Kent Flynn		Date of Receipt MM / DD / YYYY 03 / 31 / 2011
Mailing Address 7709 Sandy Bottom Way		Transaction ID: AB856A33FE15E46089C4
City Raleigh	State Zip Code NC 27613-8829	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Dermatologist	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) Bert C. Frichot, III		Date of Receipt MM / DD / YYYY 03 / 25 / 2011
Mailing Address 4242 Farnam St Ste 360		Transaction ID: A135D184D7F884ED2847
City Omaha	State Zip Code NE 68131-2850	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Diane L. Kallgren		Date of Receipt MM / DD / YYYY 03 / 25 / 2011
Mailing Address 2966 Middle Fork Rd		Transaction ID: A12771FF3F3224BD2B03
City Boulder	State Zip Code CO 80302-9316	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Kallgren Dermatology Clinic, PC	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)	1215.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Hazle Smith Konerding</p> <p>Mailing Address 205 Cyril Ln</p> <p>City State Zip Code Henrico VA 23229-7740</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Commonwealth Dermatology</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1251.00</p>	<p>Date of Receipt 03 / 15 / 2011</p> <p>Transaction ID: AC79FFC1602D44230980</p> <p>Amount of Each Receipt this Period 417.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Mark Lebwohl</p> <p>Mailing Address 300 E 85th St Apt 2505</p> <p>City State Zip Code New York NY 10028-4641</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Mount Sinai School of Medicine</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 31 / 2011</p> <p>Transaction ID: AB224FFB449AC4BB2A87</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Dr. Elizabeth Shannon Martin</p> <p>Mailing Address 861 Tulip Poplar Dr</p> <p>City State Zip Code Birmingham AL 35244-1639</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Martin Dermatology and Skin Wellness</p> <p>Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 15 / 2011</p> <p>Transaction ID: A9E0F4F1A4FCD4790A1D</p> <p>Amount of Each Receipt this Period 100.00</p>
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SUBTOTAL of Receipts This Page (optional)	1517.00
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 / 18
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Norman Minars

Mailing Address 4801 N 33rd Ct

City Hollywood State FL Zip Code 33021-2318

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

Name of Employer: Minars Dermatology and Laser Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2011
Transaction ID: A3752DF8724624E3AAE9
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Thomas George Olsen

Mailing Address 524 Walnut Springs Dr

City Dayton State OH Zip Code 45419-2934

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

Name of Employer: Dermpath Lab of Central States
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 08 / 2011
Transaction ID: A01CC1F19A45C4D12A4C
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Sandra I. Read

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 ▼ 909.10

Date of Receipt: 03 / 15 / 2011
Transaction ID: A43BCA4B22CFC4B0688E
Amount of Each Receipt this Period: 454.55

SUBTOTAL of Receipts This Page (optional) ▶ **5704.55**

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 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Howard D. Rosenman		Date of Receipt MM / DD / YYYY 03 / 31 / 2011		
	Mailing Address 1569 Doe Trail Ln		Transaction ID: A6825A4A02A7A459F969		
	City Yardley	State PA	Zip Code 19067-4055	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Alan R. Shalita		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address 70 E 77th St Apt 9B		Transaction ID: A13C623E8639C4FC6994		
	City New York	State NY	Zip Code 10075-1811	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SUNY Downstate Medical Center	Occupation Physician	Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Sabra Sullivan		Date of Receipt MM / DD / YYYY 03 / 15 / 2011		
	Mailing Address 102 Hidden Hts		Transaction ID: AC4E616F6B7494500A4C		
	City Ridgeland	State MS	Zip Code 39157-8626	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates, LLC	Occupation Physician	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	450.00
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 / 18	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Jonathan S. Weiss		Date of Receipt																					
	Mailing Address 2848 Rangewood Ter NE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	8		2	0	1	1														
	City State Zip Code Atlanta GA 30345-1581		Transaction ID: A896E2510BAB34B4CA46																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation Gwinnett Dermatology, PC 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) Joseph J. Zaladonis, Jr.		Date of Receipt																					
	Mailing Address 1610 Knollwood Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	1	1														
	City State Zip Code Bethlehem PA 18015-5531		Transaction ID: AB8C0C4D000DF4FDBB13																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Occupation Self Employed Physician		Aggregate Year-to-Date ▼ 250.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	11970.55

**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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Amex Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: BDEEB1B14E36E4D3CAE4

Date of Disbursement

/ /

Amount of Each Disbursement this Period

311.00

SUBTOTAL of Disbursements This Page (optional)

311.00

TOTAL This Period (last page this line number only)

311.00

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)

A. Full Name (Last, First, Middle Initial) Charlie Dent for Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Charles W. Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4C883D2B98D64AEBB81 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B42CF746E42454EA5959 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011	Transaction ID: BCBA771BF67FF4FF6954 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address PO Box U <hr/> City Marietta State GA Zip Code 30060 <hr/> Purpose of Disbursement CHC lunch on 3/3/2011 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BC3BA34F0ADA846D7912 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 3/11/2011 breakfast Candidate Name Rep. Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: B70D9B588E2E54AAE848 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JIM GERLACH FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 87 <hr/> City Uwchland State PA Zip Code 19480 <hr/> Purpose of Disbursement Candidate Name Rep. Jim W. Gerlach <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 06	Transaction ID: BE14E0CEEEF184A1B98C Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<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)

<p>A. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement Art and Soul Lunch on 3/10/2011</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 01</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA19A6956E84F47AAB31</p> <p>Date of Disbursement 03 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</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</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011</p>	<p>Transaction ID: B5CF24A3C1674403AAB1</p> <p>Date of Disbursement 03 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 444.78</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</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011</p>	<p>Transaction ID: B3B7E3AE9038C4489B7F</p> <p>Date of Disbursement 03 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 30.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

2474.78

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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 7740 <hr/> Purpose of Disbursement Starfish Cafe Dinner on 3/2/2011 <hr/> Candidate Name Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2C014827DC09463CA1E Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Volunteers for Shimkus <hr/> Mailing Address PO Box 661 PO Box 5458 <hr/> City Collinsville State IL Zip Code 62234 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B94ABC009957743448F7 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

24974.78