

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 08 01 2011 through 08 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 09 20 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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	8

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	364631.94									
(c) Total Receipts (from Line 19)	33176.26	317750.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	397808.20	575125.71								
7. Total Disbursements (from Line 31)	3497.21	180814.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	394310.99	394310.99								
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	1	1

 To:

M	M
0	8

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)	30917.84	273292.06
(ii) Unitemized	2258.42	44458.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33176.26	317750.64
(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)	33176.26	317750.64
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))	33176.26	317750.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33176.26	317750.64

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.....	497.21	5714.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	497.21	5714.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	3000.00	175000.00
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	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))..	3497.21	180814.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3497.21	180814.72

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)	33176.26	317750.64
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33176.26	317650.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	497.21	5714.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	497.21	5714.72

**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 / 23
	<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) Michael Rebert Warner		Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 10002 Prestwich Ter		Transaction ID: AE82D5FCD2D0D4DC68D5
	City Ijamsville	State MD	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) James M. Krell		Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 818 Essex Rd		Transaction ID: AB4CBCBAE29FA4F7F8CA
	City Birmingham	State AL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Total Skin & Beauty Dermatology Center		Occupation Dermatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mary E. Fleischli		Date of Receipt MM / DD / YYYY 08 / 03 / 2011
	Mailing Address 3901 McFarlin Blvd		Transaction ID: A5471924BA07D4D70B67
	City Dallas	State TX	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Dallas Associated Dermatologists		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)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 23
	<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) Daniel G. Gitter		Date of Receipt MM / DD / YYYY 08 / 03 / 2011		
	Mailing Address 7940 W Poplar Dr		Transaction ID: AA71C7FA6DC07400CA96		
	City Mequon	State WI	Zip Code 53097-3278	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Aurora Advanced Health Care	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Timothy G. Berger		Date of Receipt MM / DD / YYYY 08 / 03 / 2011		
	Mailing Address 27 Viaduct Capistrano		Transaction ID: A0DC6083A39664596A2D		
	City Tiburon	State CA	Zip Code 94920	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of California	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Anna Demirdjian Guanche		Date of Receipt MM / DD / YYYY 08 / 03 / 2011		
	Mailing Address 24948 Lorenzo Ct		Transaction ID: A41926348854341DE89B		
	City Calabasas	State CA	Zip Code 91302-3088	Amount of Each Receipt this Period 450.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bella Skin Institute	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1315.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<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) William D. James		Date of Receipt MM / DD / YYYY 08 / 08 / 2011		
	Mailing Address 766 Applegate Ln		Transaction ID: AOC0EE1C76C90419B8A1		
	City Bryn Mawr	State PA	Zip Code 19010-1117	Amount of Each Receipt this Period 750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Univ of Pennsylvania Health Systems	Occupation Physician	Aggregate Year-to-Date 1000.00		

B.	Full Name (Last, First, Middle Initial) Henry W. Lim		Date of Receipt MM / DD / YYYY 08 / 08 / 2011		
	Mailing Address 7 Elmsleigh Ln		Transaction ID: AAB0C3C59627A48C4B50		
	City Grosse Pointe	State MI	Zip Code 48230-1902	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Henry Ford Hospital	Occupation Physician	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Wendy E. Roberts		Date of Receipt MM / DD / YYYY 08 / 08 / 2011		
	Mailing Address 35280 Bob Hope Dr Suite 105		Transaction ID: A6A615BC8759C4306B94		
	City Rancho Mirage	State CA	Zip Code 92270-1753	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Desert Dermatology Medical Assocs	Occupation Physician	Aggregate Year-to-Date 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: PAGE 9 / 23
(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

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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)
Anudeep Kaur Rahil

Mailing Address 10371 Stony Creek Dr

City State Zip Code
Saint Paul MN 55129-4807

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
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: A1F1530FCFB8C4F5092B

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Robert D. Durst, Jr.

Mailing Address 7310 SW Robins Dr

City State Zip Code
Topeka KS 66610-1548

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 ▼
1100.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: A84A5B98F72BB4F4F810

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 905 W. Fullerton

City State Zip Code
Chicago IL 60614-2406

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
MM / DD / YYYY
08 / 10 / 2011

Transaction ID: A8971453A5E6B4806BE6

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1730.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 23

(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)

Kimberly Cayce

Mailing Address 5312 Tip Tree Ct

City State Zip Code
Columbia MO 65203-8029

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

Name of Employer Occupation
DeSpain Dermatology Center Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 1 1

Transaction ID: AAA090FE7FED34A30BE9

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Marta Jane Vanbeek

Mailing Address 242 Magowan Ave

City State Zip Code
Iowa City IA 52246-3512

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

Name of Employer Occupation
Univ of Iowa, Dept. of De-
rmatology Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 1 1

Transaction ID: A16D398072B944109B9B

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Robert W. Walters

Mailing Address 323 Camino Del Oro

City State Zip Code
Corrales NM 87048-9007

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

Name of Employer Occupation
Dermatology & Skin Cancer
Center of Ne Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 0 / 2 0 1 1

Transaction ID: A9A1D08670CA54FA78FD

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 / 23
	<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) Diane Walder	Date of Receipt MM / DD / YYYY 08 / 10 / 2011
	Mailing Address 1111 Kane Concourse Suite 100	Transaction ID: AD491958EE4A34CB2937
	City State Zip Code Bay Harbor Islands FL 33154-2010	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	

B.	Full Name (Last, First, Middle Initial) Alexander Albert Fondak	Date of Receipt MM / DD / YYYY 08 / 10 / 2011
	Mailing Address 804 S. Berkley Rd	Transaction ID: AADF30A9B4D74412795B
	City State Zip Code Kokomo IN 46901-5198	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Karen Collishaw	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 1445 New York Ave NW Suite 800	Transaction ID: A24FB6B3B8CE440DA9F0
	City State Zip Code Washington DC 20005-2125	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 ▼ 672.00	

SUBTOTAL of Receipts This Page (optional)	949.00
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 / 23
	<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) Christine A. DeWitt		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 2601 Woodley Place NW Apt 1103		Transaction ID: A079620CE608C46AAA4F
	City Washington	State DC	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Georgetown Univ Hospital	Occupation Physician	
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) Corrie V. Alford		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 357 Hepburn Dr		Transaction ID: A5ECFDB25F0CF4EA0974
	City Atlanta	State GA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.83
	Name of Employer Kaiser Permanente	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.32		

C.	Full Name (Last, First, Middle Initial) Ronald A. Henrichs		Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 930 E. Woodfield Rd		Transaction ID: AE59F231E314B48DDA2D
	City Schaumburg	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer aad	Occupation Executive Director	
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)	▶	1110.83
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 / 23
	<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) Charity Foster McConnell		Date of Receipt																					
	Mailing Address 5095 Heathrow Blvd		<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>8</td><td></td><td>1</td><td>5</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	8		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	5		2	0	1	1														
	City State Zip Code Brentwood TN 37027-6538		Transaction ID: AAB0A3AFE6F6E4875B8F																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00																						
Name of Employer Franklin Dermatology Group, PLC		Occupation Dermatologist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

B.	Full Name (Last, First, Middle Initial) Marc E. Boddicker		Date of Receipt																					
	Mailing Address 705 Columbus St		<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>8</td><td></td><td>1</td><td>5</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	8		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	5		2	0	1	1														
	City State Zip Code Rapid City SD 57701-3623		Transaction ID: A06B83F0A3F0E466E96E																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer Advanced Dermatology Center, PC		Occupation Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00																						

C.	Full Name (Last, First, Middle Initial) David Michael Pariser		Date of Receipt																					
	Mailing Address 933 Winthrop Dr		<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>8</td><td></td><td>1</td><td>5</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	8		1	5		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	5		2	0	1	1														
	City State Zip Code Virginia Beach VA 23452-3936		Transaction ID: AC1E14C5A16294D7AA9C																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00																						
Name of Employer Pariser Dermatology Specialists, Ltd		Occupation Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	5600.00
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 / 23
	<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) Barbara Greenan	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 1445 New York Ave NW Suite 800	Transaction ID: A5A052FB71EEA4972A4E
	City State Zip Code Washington DC 20005-2125	Amount of Each Receipt this Period 45.46
	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 ▼ 318.22	

B.	Full Name (Last, First, Middle Initial) Elizabeth Shannon Martin	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 861 Tulip Poplar Dr	Transaction ID: AA1F4C03078294C9F81A
	City State Zip Code Birmingham AL 35244-1639	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Martin Dermatology and Skin Wellness	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Clay J. Cockerell	Date of Receipt MM / DD / YYYY 08 / 15 / 2011
	Mailing Address 4312 Arcady	Transaction ID: A80ADEE58F343411C9B9
	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 ▼ 4500.00	

SUBTOTAL of Receipts This Page (optional)	645.46
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 / 23
	<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) Sandra I. Read		Date of Receipt MM / DD / YYYY 08 / 15 / 2011		
	Mailing Address 6915 Radnor Rd		Transaction ID: A71F6F24C401143C3AEC		
	City Bethesda	State MD	Zip Code 20817-6328	Amount of Each Receipt this Period 454.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation INVESTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3181.85			

B.	Full Name (Last, First, Middle Initial) Hazle Smith Konerding		Date of Receipt MM / DD / YYYY 08 / 15 / 2011		
	Mailing Address 205 Cyril Ln		Transaction ID: AFC1584D59A8541D0A1F		
	City Henrico	State VA	Zip Code 23229-7740	Amount of Each Receipt this Period 417.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Commonwealth Dermatology		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3336.00			

C.	Full Name (Last, First, Middle Initial) Brent R. Weed		Date of Receipt MM / DD / YYYY 08 / 16 / 2011		
	Mailing Address 3608 N Bracken Dr		Transaction ID: A4351349E95C14319AE1		
	City Appleton	State WI	Zip Code 54911-8504	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates of Wisconsin, S		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	1236.55
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: PAGE 16 / 23
(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) Norman A. Lockshin		Date of Receipt MM / DD / YYYY 08 / 16 / 2011
Mailing Address 10313 Georgia Ave Suite 309		Transaction ID: AA576026E4ED34AED8EE
City Silver Spring	State Zip Code MD 20902-5006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 251.00
Name of Employer Derm Associates , PC	Occupation Dermatologist	Aggregate Year-to-Date 251.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mark A. Hall		Date of Receipt MM / DD / YYYY 08 / 16 / 2011
Mailing Address 643 NW Yosemite Dr		Transaction ID: A6A4F8299E0D244FF9AD
City Bend	State Zip Code OR 97701-6795	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Oregon Dermatology	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Phoebe Rich		Date of Receipt MM / DD / YYYY 08 / 18 / 2011
Mailing Address 11701 SW Riverwood Rd		Transaction ID: AA68D375DF14C402F89D
City Portland	State Zip Code OR 97219-8452	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Oregon Dermatology & Research Center	Occupation Physician	Aggregate Year-to-Date 5000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5501.00
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 / 23
	<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) Hiram A. Ruiz		Date of Receipt MM / DD / YYYY 08 / 18 / 2011		
	Mailing Address PO Box 1025		Transaction ID: A8335BB53F41C4210ABF		
	City Arecibo	State PR	Zip Code 00613-1025	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Medical Dermatologic Center		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) Michael D. Tharp		Date of Receipt MM / DD / YYYY 08 / 18 / 2011		
	Mailing Address 529 N Lincoln St		Transaction ID: A0A83B1D9989E469C8A4		
	City Hinsdale	State IL	Zip Code 60521-3446	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rush Univ Medical Center		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Leslie C. Gray		Date of Receipt MM / DD / YYYY 08 / 22 / 2011		
	Mailing Address 402 Colonsay Dr		Transaction ID: A318E625493D14F56BBB		
	City Duluth	State GA	Zip Code 30097-2085	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Center of Atlanta		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)	▶	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: PAGE 18 / 23
(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)
Stuart S. Leicht

Mailing Address 272 Lake Meadow Dr

City Johnson City State TN Zip Code 37615-4081

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

Name of Employer ETSU Physicians and Associates Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2011

Transaction ID: A551A51B2F9A64670851

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Keith D. Wright

Mailing Address 3084 Arden Rd NW

City Atlanta State GA Zip Code 30305-1915

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

Name of Employer Gwinnett Dermatology Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2011

Transaction ID: A7080779FEC454DA9A9C

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Brent R. Moody

Mailing Address 319 Walnut Dr

City Nashville State TN Zip Code 37205-2915

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

Name of Employer Skin Cancer & Surgery Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2011

Transaction ID: A8B574B05EA3F4AADBE7

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 23
(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)
William Wesley Galloway

Mailing Address PO Box 843

City Russellville State AR Zip Code 72811-0843

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

Name of Employer Russellville Dermatology Clinic PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 29 / 2011
Transaction ID: A18A11A888E584B4EA3B
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
J. Morgan O'Donoghue

Mailing Address 4450 Camino Real

City Sarasota State FL Zip Code 34231-3430

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 / 29 / 2011
Transaction ID: AE63C1DA7003148EBBDD
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Melinda J. Woolfer

Mailing Address 25 Philipps Gln

City Granville State OH Zip Code 43023-8700

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

Name of Employer Midwest Dermatology Centr-e, LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 31 / 2011
Transaction ID: AED3CA3F954E74AF893E
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 20 / 23
	<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) Mark J. Zalla	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 1018 Colina Dr	Transaction ID: A1108D38DEB234221AFB
	City State Zip Code Villa Hills KY 41017-5322	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Dermatology Associates of Northern KY Occupation: Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mary C. Spellman	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 28 Miguel St	Transaction ID: A5A9A0111E8BF4604AF6
	City State Zip Code San Francisco CA 94131-2606	Amount of Each Receipt this Period 365.00
	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 ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Martha Housholder	Date of Receipt MM / DD / YYYY 08 / 31 / 2011
	Mailing Address 7705 E Killarney Ct	Transaction ID: AF6EDECE4A6F34A539C4
	City State Zip Code Wichita KS 67206-1654	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: The Dermatology Clinic Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2865.00
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 / 23	
	(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) Patricia A. Carroll-Chen		Date of Receipt		
	Mailing Address 13128 N. 94th Dr Suite 101-101a		M M / D D / Y Y Y Y 08 / 31 / 2011		
	City Peoria	State AZ	Zip Code 85381-4254	Transaction ID: AE8A367508379431CBAB	
	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			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	30917.84

**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)

A. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6291C905AFE246878DD Date of Disbursement 08 / 01 / 2011
	Amount of Each Disbursement this Period 274.25
B. 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B99C2F99CDDC4487D85A Date of Disbursement 08 / 01 / 2011
	Amount of Each Disbursement this Period 222.96

SUBTOTAL of Disbursements This Page (optional) ▶

497.21

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

497.21

**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) Citizens for Altmire <hr/> Mailing Address PO Box 1776 <hr/> City Freedom State PA Zip Code 15042 Purpose of Disbursement <hr/> Candidate Name Rep. Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB6A921A6F2644A35B05 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress <hr/> Mailing Address PO Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 Purpose of Disbursement <hr/> Candidate Name Rep. Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B10D38808E5734C9FA83 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	3000.00