



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		285970.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	292734.74									
(c) Total Receipts (from Line 19) .....	28690.00	143967.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	321424.74	429937.34								
7. Total Disbursements (from Line 31) .....	7831.29	116343.89								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	313593.45	313593.45								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	23445.00	124282.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	5245.00	19685.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28690.00	143967.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	28690.00	143967.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	28690.00	143967.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	28690.00	143967.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	831.29	3343.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	831.29	3343.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	113000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7831.29	116343.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7831.29	116343.89

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	28690.00	143967.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28690.00	143967.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	831.29	3343.89
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	831.29	3343.89

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

Betsy B. Beers

Mailing Address 9345 SW 46th Pl

City State Zip Code  
Gainesville FL 32608-7111

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

Name of Employer Occupation  
Dermatology Associates Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Transaction ID: d497ef7c6f9dfbb61ff

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth C. Benstock

Mailing Address 614 Woodleave Rd

City State Zip Code  
Bryn Mawr PA 19010-2921

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

Name of Employer Occupation  
Self Employed Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 9 / 2 0 0 8

Transaction ID: 899dbe625eeb86944ff

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Alison A. Boudreaux

Mailing Address 1301 Carter Rd

City State Zip Code  
Sacramento CA 95864-5329

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

Name of Employer Occupation  
Self Employed Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 0 8

Transaction ID: 0a7b4b974bd75cd4517

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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 26
	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenn H. Brown	Date of Receipt MM / DD / YYYY 04 / 30 / 2008
	Mailing Address Ste 320B 1450 S Dobson Rd	<b>Transaction ID:</b> cd40f7b007460f570b0
	City Mesa State AZ Zip Code 85202-4765	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) M. F. Bruyneel	Date of Receipt MM / DD / YYYY 04 / 25 / 2008
	Mailing Address 8 Foxhunt Trl	<b>Transaction ID:</b> 05d0e06bdd44de4c1ad
	City Little Rock State AR Zip Code 72227-2403	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William F. Cosulich	Date of Receipt MM / DD / YYYY 04 / 16 / 2008
	Mailing Address Bldg 2 Ste 122	<b>Transaction ID:</b> c159ee2aefd15e305b5
	City Wall Township State NJ Zip Code 07719-9694	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26  
(check only one)  
 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

**A.** Full Name (Last, First, Middle Initial)  
Thomas L. Davis

Mailing Address 221 Morningside Dr

City State Zip Code  
San Antonio TX 78209-4733

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Dermatopathologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 21 / 2008

**Transaction ID:** e972325dbf57bfa054c

Amount of Each Receipt this Period 750.00

**B.** Full Name (Last, First, Middle Initial)  
James O. Ertle

Mailing Address 511 Burr Oak Pl

City State Zip Code  
Hinsdale IL 60521-2932

FEC ID number of contributing federal political committee. C

Name of Employer Grant Square Medical Center Occupation  
Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 25 / 2008

**Transaction ID:** ba21dd3fc7679267068

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Wayne A. Fagan

Mailing Address PO Box 3435

City State Zip Code  
Corpus Christi TX 78463-3435

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation  
Self Employed Dermatologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y  
04 / 08 / 2008

**Transaction ID:** fe8b73ccdd6575640b1

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Patrick R. Feehan

Mailing Address 584 Northlawn Dr

City State Zip Code  
Lancaster PA 17603-2381

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 501.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: b1f134831873166325e

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Bryon L. Gaul

Mailing Address 16854 257th Ave

City State Zip Code  
Spirit Lake IA 51360-6809

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 77d1b8a846d93410cee

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert D. Greenberg

Mailing Address 73 Autumn Dr

City State Zip Code  
South Windsor CT 06074-2952

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: 526caf4283d8b281791

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ronald D. Hall

Mailing Address 144 Cherry Ln

City State Zip Code  
Pikeville KY 41501-1410

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  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: 328b09d910504886c1c

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
J. W. Holtze

Mailing Address 5300 Woodland Ave

City State Zip Code  
Des Moines IA 50312-1946

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  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Transaction ID: 149d29c31e59fc68e85

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dori L. Hunt

Mailing Address 5242 Foley Dr

City State Zip Code  
Hickory NC 28602-8280

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

Name of Employer Piedmont Plastic Surgery & Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: 96767eada0383f8bcce

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William D. James

Mailing Address 766 Applegate Ln

City State Zip Code  
Bryn Mawr PA 19010-1117

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

Name of Employer Occupation  
U of Pennsylvania Health Physician  
Systems

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

Transaction ID: 3a26811275ed5355a05

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)

Brian L. Johnson

Mailing Address PO Box 14308

City State Zip Code  
Norfolk VA 23518-0308

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

Name of Employer Occupation  
Virginia Dermatology & Sk- Dermatologist  
in Cancer

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: 583f83398d868ad228a

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)

Allen D. Kallor

Mailing Address 107 Lyman Rd

City State Zip Code  
West Hartford CT 06117-1312

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 4 / 2 0 0 8

Transaction ID: a0017e842d3a1521eeb

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert V. Kolbusz

Mailing Address 1 Robin Hood Rnch

City State Zip Code  
Oak Brook IL 60523-2790

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

Name of Employer  
Center for Dermatology & Skin Cancer

Occupation  
Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2008

**Transaction ID:** c04547b9d7e3c34c0fc

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Indira Krishnarao

Mailing Address 1400 Hidden Lakes Dr NE

City State Zip Code  
Warren OH 44484-4148

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** 0485ae316e1504d8fa9

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address Apt 14G  
200 Chambers St

City State Zip Code  
New York NY 10007-1346

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

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

**Transaction ID:** 616183980eca6a9f426

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Darlene J. Kwee

Mailing Address 16 Saddlewood Ct

City Belle Mead State NJ Zip Code 08502-5740

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  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

**Transaction ID:** 577a42555d46997ada3

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul B. Lundstrom

Mailing Address 21729 Holman Point Dr

City Nisswa State MN Zip Code 56468-2377

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 6 / 2 0 0 8

**Transaction ID:** c35330194e30a44f2c9

Amount of Each Receipt this Period  
500.00

**C.**

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

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 Self Employed Occupation 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 4 / 0 4 / 2 0 0 8

**Transaction ID:** b06cc3a474d7f3048c7

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 14 / 26  
(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

**A.** Full Name (Last, First, Middle Initial)  
Eugene Mandrea

Mailing Address Apt 20B  
1100 N Lake Shore Dr

City Chicago State IL Zip Code 60611-1087

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 ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 08 / 2008

Transaction ID: fb9c0b3aad601ae9b9e

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Richard L. Miller

Mailing Address 6 Tallmadge Gate

City Setauket State NY Zip Code 11733-1418

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
04 / 08 / 2008

Transaction ID: e01ca086410aa2823b2

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel F. Mitchell

Mailing Address 119 W Hill St

City Thomasville State GA Zip Code 31792-6618

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 ▼ 365.00

Date of Receipt MM / DD / YYYY  
04 / 21 / 2008

Transaction ID: 250bdac5e99cab64b82

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 26  
(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

**A.** Full Name (Last, First, Middle Initial)  
John C. Moseley  
Mailing Address 2732 N Alvernon Way  
City Tucson State AZ Zip Code 85712-1804  
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 ▼ 500.00  
Date of Receipt 04 / 16 / 2008  
Transaction ID: ccb60ed0022085a5ff1  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Tho Q. Nguyen  
Mailing Address 3912 Hillwood Way  
City Bedford State TX Zip Code 76021-2527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N.E. Tarrant Dermatology Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 08 / 2008  
Transaction ID: 9f211f2cbbbe38a0117c  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Amy S. Pappert  
Mailing Address 947 Spring Run Ln  
City Martinsville State NJ Zip Code 08836-2102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UMDNJ - Robert Wood Johnson Medical Sc Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 04 / 21 / 2008  
Transaction ID: c62390ab6cf08c9efd8  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Earl S. Pearson

Mailing Address PO Box 1408

City State Zip Code  
Porterville CA 93258-1408

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: dd202ab56325cccf68e

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey C. Poole

Mailing Address 301 Bellaire Dr

City State Zip Code  
New Orleans LA 70124-1012

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

Name of Employer Occupation  
Poole Dermatology Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 0 8

Transaction ID: d0b661626ee1847c081

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew C. Reeck

Mailing Address 744 S Clarizz Blvd

City State Zip Code  
Bloomington IN 47401-5520

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Transaction ID: 82a62ba8550b24608b2

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Vail C. Reese		Date of Receipt
	Mailing Address 818 Sanchez St		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94114-2956
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 35774573f0eca8c1e90
Name of Employer Self Employed		Occupation Dermatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew J. Reschly		Date of Receipt
	Mailing Address # 12 3544 Roswell Rd NW		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Atlanta	GA	30305-1205
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 656546e208c2eb22ccb
Name of Employer North Atlanta Dermatology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Alan S. Rockoff		Date of Receipt
	Mailing Address 36 Bullough Park		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Newtonville	MA	02460-2479
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0a44d3b2ab2e21668cd
Name of Employer Self Employed		Occupation Dermatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Marianne W. Rosen

Mailing Address 183 Stono Dr

City State Zip Code  
Charleston SC 29412-2042

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 / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Transaction ID: a7e3192809268dfa134

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven P. Rosenberg

Mailing Address Ste A102  
470 Columbia Dr

City State Zip Code  
West Palm Beach FL 33409-1983

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

Name of Employer Self Employed Occupation  
Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 8

Transaction ID: d69fd502c5ac686251a

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert J. Roth

Mailing Address 16 Foothill Pl

City State Zip Code  
Pleasanton CA 94588-9778

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

Name of Employer Eastbay Dermatology Med Group Occupation  
Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 0 8

Transaction ID: d9fb4165bbf22c5ecad

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: PAGE 19 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jeremy E. Rothfleisch

Mailing Address 940 New England Dr

City State Zip Code  
Westfield NJ 07090-3512

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

Name of Employer Self Employed Occupation  
Self Employed Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2008

**Transaction ID:** 4251a651b51e73d074d

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joel Schlessinger

Mailing Address 632 N 159th St

City State Zip Code  
Omaha NE 68118-2210

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

Name of Employer Self Employed Occupation  
Self Employed Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2008

**Transaction ID:** d997c84994959f3c6fc

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Terry L. Sharpe

Mailing Address 121 Royal Burgess Way

City State Zip Code  
McDonough GA 30253-4234

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2008

**Transaction ID:** c6d05b43e60743cad19

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: PAGE 20 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marc A. Silverstein

Mailing Address 11720 Hollenbeck Way

City State Zip Code  
Gold River CA 95670-8311

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** 2c8f6932705b6ec0539

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
David P. Smack

Mailing Address 22620 Handy Point Rd

City State Zip Code  
Chestertown MD 21620-4017

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

Name of Employer Talbot Dermatology and Surgery, PA Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

**Transaction ID:** 40bfe96407ca5004efe

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian R. Sperber

Mailing Address 274 Balmoral Way

City State Zip Code  
Colorado Springs CO 80906-7915

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

Name of Employer Colorado Springs Dermatology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 08 / 2008

**Transaction ID:** d66723bc30b5b7c185f

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: PAGE 21 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) John R. Stanley		Date of Receipt MM / DD / YYYY 04 / 04 / 2008
Mailing Address Department of Dermatology, 211 CRB 415 Curie Blvd		Transaction ID: d108ec7cf02aade091b
City Philadelphia	State PA Zip Code 19104-4218	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Pennsylvania	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

**B.**

Full Name (Last, First, Middle Initial) Robert H. Tankel		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 15715 46th Ave		Transaction ID: 351acf84655813c831d
City Flushing	State NY Zip Code 11355-2353	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

**C.**

Full Name (Last, First, Middle Initial) James S. Taylor		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 28150 Fairmount Blvd		Transaction ID: 20dbdbc020c0b72a255
City Pepper Pike	State OH Zip Code 44124-4620	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cleveland Clinic Foundati- on	Occupation Dermatologist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Derek S. Towery		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 5370 W Fountain Rd		<b>Transaction ID:</b> f446896a98a096cfac2
City Joplin	State Zip Code MO 64801-8686	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Marta J. VanBeek		Date of Receipt MM / DD / YYYY 04 / 02 / 2008
Mailing Address 242 Magowan Ave		<b>Transaction ID:</b> 4891b60e01d0040d17b
City Iowa City	State Zip Code IA 52246-3512	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer University of Iowa, Dept. of Dermatolo	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) Karen D. Walker		Date of Receipt MM / DD / YYYY 04 / 08 / 2008
Mailing Address 3540 Harbor Ridge Way		<b>Transaction ID:</b> 79de9afaf0248a1846b
City Tuscaloosa	State Zip Code AL 35406-4068	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 26  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Margaret A. Weiss

Mailing Address 2002 Burdock Rd

City State Zip Code  
Baltimore MD 21209-1043

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

Name of Employer MDLSV Occupation Dermatologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

**Transaction ID:** 4183c59490c0fdc5511

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Robert A. Weiss

Mailing Address 2002 Burdock Rd

City State Zip Code  
Baltimore MD 21209-1043

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

Name of Employer Maryland Laser, Skin & Ve-in Inst Occupation Dermatologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	0	8

**Transaction ID:** cf47eeacc4d91104c59

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23445.00

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

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V73691-9364435076713 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 247.67
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address PO Box 6603 <hr/> City Hagerstown State MD Zip Code 21741-6603 <hr/> Purpose of Disbursement VC.MC Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V73691-8910638689994 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 553.62
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address PO Box 6603 <hr/> City Hagerstown State MD Zip Code 21741-6603 <hr/> Purpose of Disbursement VS/MC Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V73691-2106744647026 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 30.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>831.29</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>831.29</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Joe Pitts Mailing Address PO Box 775 City Unionville State PA Zip Code 19375 Purpose of Disbursement Contribution Candidate Name Joseph R. Pitts Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 82209-1632043719291 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Ryan for Congress Mailing Address 1600 Roosevelt Avenue Suite 804 City Niles State OH Zip Code 44446 Purpose of Disbursement Contribution Candidate Name Timothy J. Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 55689-9957696795463 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

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

7000.00

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

7000.00

Image# 28991007173

Form/Schedule: **F3X**

Transaction ID:

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