

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

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

2. **FEC IDENTIFICATION NUMBER** C00359539
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 04 2008 in the State of 0

5. Covering Period 10 16 2008 through 11 24 2008

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 03 18 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	193766.48									
(c) Total Receipts (from Line 19)	37863.33	259429.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	231629.81	545399.67								
7. Total Disbursements (from Line 31)	7668.84	321438.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	223960.97	223960.97								
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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	25884.33	214416.33
(i) Itemized (use Schedule A)		
(ii) Unitemized	11979.00	43013.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	37863.33	257429.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37863.33	259429.33
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))	37863.33	259429.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37863.33	259429.33

DETAILED SUMMARY PAGE

of Disbursements

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.....	668.84	5938.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	668.84	5938.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	315500.00
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))..	7668.84	321438.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7668.84	321438.70

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)	37863.33	259429.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37863.33	259429.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	668.84	5938.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	668.84	5938.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30
(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)
Moira C. Ariano

Mailing Address 2S523 Madison Ave

City Warrenville State IL Zip Code 60555-2308

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 34bfa6d993901e30362

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Bonnie L. Barsky

Mailing Address 990 Forest Ave

City Glencoe State IL Zip Code 60022-1212

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 11 / 06 / 2008

Transaction ID: dd9b99943eabb45ebe7

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mark F. Baucom

Mailing Address 1006 Stovall Blvd NE

City Atlanta State GA Zip Code 30319-1221

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

Name of Employer Georgia Dermatologic Surgery Centers. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 07 / 2008

Transaction ID: 6b3c4530e62b9412b10

Amount of Each Receipt this Period 500.00

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 7 / 30
(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)
Kenneth B. Bielinski

Mailing Address 714 Colony Ln

City State Zip Code
Frankfort IL 60423-9519

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: ee122d83b912cfd57b

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Brian P. Biernat

Mailing Address 1087 Lincoln Rd

City State Zip Code
Columbus OH 43212-3235

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

Name of Employer Center for Surgical Dermatology
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
1 0 / 2 8 / 2 0 0 8

Transaction ID: 016b2706e7a5b23134d

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Apt 2
448 Kelton Ave

City State Zip Code
Los Angeles CA 90024-6701

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
1 0 / 2 8 / 2 0 0 8

Transaction ID: 2fc7c0804a9a3bd23b5

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 8 / 30
(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)
Forrest C. Brown

Mailing Address Ste C528
7777 Forest Ln

City Dallas State TX Zip Code 75230-6848

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
1 0 / 2 8 / 2 0 0 8

Transaction ID: 4384e990f3848ca6f5b

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Carmen David Campanelli

Mailing Address 2504 W 18th St

City Wilmington State DE Zip Code 19806-1208

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

Name of Employer Yardley Dermatology 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
1 0 / 2 8 / 2 0 0 8

Transaction ID: 2ff9835e2df3f34bd7c

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Robert Lane Chappell, JR.

Mailing Address 5001 Pepperidge Pl

City Odessa State TX Zip Code 79761-2224

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: 26d0e76facbb16e0252

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 30
	<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) Richard August Clark		Date of Receipt
	Mailing Address 7 Osprey Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Setauket	NY	11733-4062
	FEC ID number of contributing federal political committee.		Transaction ID: db1fab89249cade2da7
		Amount of Each Receipt this Period	<input type="text"/> 250.00
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 ▼	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Diane Meg Davidson		Date of Receipt
	Mailing Address Ste 310 491 Gold Star Hwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Groton	CT	06340-6226
	FEC ID number of contributing federal political committee.		Transaction ID: e4c0338683057723f10
		Amount of Each Receipt this Period	<input type="text"/> 250.00
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 ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) James P. Fields		Date of Receipt
	Mailing Address 411 Lynnwood Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Nashville	TN	37205-3434
	FEC ID number of contributing federal political committee.		Transaction ID: beef7542e58abd1fe0d
		Amount of Each Receipt this Period	<input type="text"/> 400.00
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 ▼	<input type="text"/> 400.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30
(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)
Henry C. Gasiorowski

Mailing Address 40 W Elm St

City State Zip Code
Greenwich CT 06830-6425

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
1 0 / 2 2 / 2 0 0 8

Transaction ID: 64f1701e6a399d3251e

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2116 Southwinds Cir

City State Zip Code
Hoover AL 35244-3298

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

Name of Employer MedPlex Professional Building 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
1 0 / 1 6 / 2 0 0 8

Transaction ID: c45f3328aeddbd828e4

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Hubert T. Greenway, JR.

Mailing Address PO Box 946

City State Zip Code
Rancho Santa Fe CA 92067-0946

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

Name of Employer Scripps Clinic 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
1 0 / 2 2 / 2 0 0 8

Transaction ID: adc9e4c3d825f201244

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: PAGE 11 / 30
(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 D. Griego

Mailing Address 6134 E Indian Bend Rd

City State Zip Code
Paradise Valley AZ 85253-3440

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: fd3157bc15e2cc7b76c

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Edmond Irvin Griffin

Mailing Address Ste 175
5555 Peachtree Dunwoody Rd NE

City State Zip Code
Atlanta GA 30342-1789

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: 93a1581b4388e8f1a48

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kenneth Grossman

Mailing Address 31 Windsor Dr

City State Zip Code
Little Silver NJ 07739-1354

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
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 0b9f556a7974848c527

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: (check only one)	PAGE 12 / 30
	<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) Armando Jose Guardiola		Date of Receipt MM / DD / YYYY 10 / 29 / 2008		
	Mailing Address De Diego Number 102 E		Transaction ID: 2d0d54f972bcbf8707b		
	City Mayaguez	State PR	Zip Code 00680-4700	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			

B.	Full Name (Last, First, Middle Initial) Larry L. Guerin		Date of Receipt MM / DD / YYYY 11 / 05 / 2008		
	Mailing Address 11755 SE Idleman Rd		Transaction ID: 803905d96dbbb75da7a		
	City Portland	State OR	Zip Code 97266-6860	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Victoria Gunn		Date of Receipt MM / DD / YYYY 11 / 05 / 2008		
	Mailing Address Ste B 1620 Southridge Dr		Transaction ID: e2b98e73936ce2f13e5		
	City Jefferson City	State MO	Zip Code 65109-2044	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Dermatologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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 13 / 30
(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)
Michael P. Heffernan

Mailing Address 4405 Delco Dell Rd

City Dayton State OH Zip Code 45429-1212

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

Name of Employer Wright State Univ School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2008

Transaction ID: fea74045cd6629eb06d

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Terri H. Henson

Mailing Address 7585 Clarington Cv

City Southaven State MS Zip Code 38671-5656

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 10 / 17 / 2008

Transaction ID: 07e501c21194b20f4d6

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Kristine A. Hess

Mailing Address 1401 Hawksview Dr

City Marion State IN Zip Code 46952-1584

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 ▼ 400.00

Date of Receipt 10 / 17 / 2008

Transaction ID: c3a89896b2b085c77ba

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 / 30
(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)
Howard Hines

Mailing Address Ste 301
106 Milford St

City Salisbury State MD Zip Code 21804-6962

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

Name of Employer Peninsula Dermatology Ass-oc. PA Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 778d03976d7c1175dff

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Howard P. Horlick

Mailing Address 5 Jennings Meadow Rd

City Cold Spring Harbor State NY Zip Code 11724-1019

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
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: e4064e027a53cf2c825

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John D. Huber

Mailing Address 620 S Belvedere Blvd

City Memphis State TN Zip Code 38104-5004

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

Name of Employer Memphis Dermatology Clinic Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: c391d033b69c008d6e7

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: PAGE 15 / 30
(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)
David Broward Jackson

Mailing Address 4410 Watermelon Rd

City Northport State AL Zip Code 35473-5204

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: 10 / 29 / 2008
Transaction ID: 02ca0cd09e6e80c0108
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Marek J. Kaminski

Mailing Address 1513 Tulane Ct

City Liberal State KS Zip Code 67901-5408

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

Name of Employer Dermatology Laser Center LLC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: fad52b002f3f516a654
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Bruce E. Katz

Mailing Address Apt 25A
347 W 57th St

City New York State NY Zip Code 10019-3169

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

Name of Employer Juva Skin & Laser Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 22 / 2008
Transaction ID: 731ee1c3403ad3afe45
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 16 / 30

(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)
Mitchell A. Kline

Mailing Address Apt 24B
1725 York Ave

City State Zip Code
New York NY 10128-7812

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 Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: a3f506629bc08bd643a

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
W. Clark Lambert

Mailing Address 66 Plymouth St

City State Zip Code
Montclair NJ 07042-2137

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

Name of Employer Occupation
UMDNJ New Jersey Medical School Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: 19850cb889548a81d21

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Catherine L. Laughlin

Mailing Address 4715 S Kimbrough Ave

City State Zip Code
Springfield MO 65810-1853

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

Name of Employer Occupation
Ferrell-Duncan Clinic Physician

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

Date of Receipt

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

Transaction ID: bd7e20115339412b8f0

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1150.00

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 / 30
(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)
Susana M. Leal-Khoury
Mailing Address 478 Bay Ln
City State Zip Code
Key Biscayne FL 33149-1702
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 Y
1 0 / 2 8 / 2 0 0 8
Transaction ID: 1f2f009a5d23e41b0ac
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Maria C. Mariencheck
Mailing Address 58 Dovecrest Cv
City State Zip Code
Jackson TN 38305-6908
FEC ID number of contributing federal political committee. **C**
Name of Employer The Jackson Clinic Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 8
Transaction ID: 623b9bde3cb4100aae6
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Joseph M. Masessa
Mailing Address 35 Green Pond Rd
City State Zip Code
Rockaway NJ 07866-2013
FEC ID number of contributing federal political committee. **C**
Name of Employer North Jersey Dermatology Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 8
Transaction ID: 24356ae7f9b2c7fcad7
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00
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 / 30
(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)
Michel A. McDonald

Mailing Address 319 Lynnwood Blvd

City State Zip Code
Nashville TN 37205-2928

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

Name of Employer Self Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 5e775f39cbd09c9a522

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Daniel Kenneth McKenzie

Mailing Address 23772 Salvador Bay

City State Zip Code
Monarch Beach CA 92629-4207

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: cded804f9d92d19ae91

Amount of Each Receipt this Period
600.00

C. Full Name (Last, First, Middle Initial)
Philip Dale Meador, JR.

Mailing Address 103 W Mason St

City State Zip Code
Franklinton NC 27525-1336

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
MM / DD / YYYY
11 / 12 / 2008

Transaction ID: a4412ee030b577f4049

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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 / 30

(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)
Matthew L. Miller

Mailing Address 35 Woodvale Ave

City State Zip Code
Greenville SC 29605-1130

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

Name of Employer Occupation
Greenville Dermatology LLC Physician

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

Date of Receipt

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

Transaction ID: dc1e1910cc2917fd47a

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
M. Melissa Morgan

Mailing Address 6628 E 113th St S

City State Zip Code
Bixby OK 74008-2080

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) ▼ 750.00

Date of Receipt

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

Transaction ID: 7f73722edaf5928e12c

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Thomas J. Morris

Mailing Address Department of Dermatology
Ste 310

City State Zip Code
San Bruno CA 94066-3048

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

Name of Employer Occupation
Kaiser Permanente Dermatologist

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

Date of Receipt

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

Transaction ID: 58b52d3554e0328c242

Amount of Each Receipt this Period
250.00

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 20 / 30
(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)
Janet A. Moy

Mailing Address 635 Madison Ave

City State Zip Code
New York NY 10022-1009

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
10 / 22 / 2008

Transaction ID: 6f967aa59311e70793f

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Tri H. Nguyen

Mailing Address 11604 Watercastle Ct

City State Zip Code
Pearland TX 77584-8210

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

Name of Employer MD Anderson Cancer Center Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 7aef98b425272cef70d

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Gale B. Oleson

Mailing Address PO Box 39

City State Zip Code
Blue Springs MO 64013-0039

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
MM / DD / YYYY
10 / 29 / 2008

Transaction ID: 74889d3da9c7f0cf29f

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 21 / 30
(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)
Julia K. Padgett

Mailing Address
12805 Saddleseat PI

City State Zip Code
Richmond VA 23233-7687

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

Name of Employer Occupation
University of Virginia Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 4baacd5276a80bdf2be

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David Blake Pharis

Mailing Address 4659 Club Cir NE

City State Zip Code
Atlanta GA 30319-1055

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

Name of Employer Occupation
The Medical Quarters Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2008

Transaction ID: 8c84f084baa893aa620

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Curtis A. Raskin

Mailing Address
519 Oakshire PI

City State Zip Code
Alamo CA 94507-2327

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2008

Transaction ID: 5847824a21bad7eb986

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: PAGE 22 / 30
(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)
Patricia K. Roddey

Mailing Address 2112 Wellesley Ave

City State Zip Code
Charlotte NC 28207-2444

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

Name of Employer Occupation
Mecklenberg Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: bf260e487afac40e80a

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Justin T. Roscoe

Mailing Address 8388 Piping Rock Ct

City State Zip Code
Millersville MD 21108-1448

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

Name of Employer Occupation
Anne Arundel Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

Transaction ID: d8b4d443923c2124f13

Amount of Each Receipt this Period
450.00

C.

Full Name (Last, First, Middle Initial)
Anna M. Sarno Ryan

Mailing Address 169 Fleming St

City State Zip Code
Manchester NH 03104-4754

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 20356dcb00ac378e7f1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 30

(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)
Alan Alexander Semion

Mailing Address Ste 700
729 Sunrise Ave

City State Zip Code
Roseville CA 95661-4565

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) ▼ 400.00

Date of Receipt

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

Transaction ID: 974db308ee45a291792

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Alan R. Shalita

Mailing Address Apt 9B
70 E 77th St

City State Zip Code
New York NY 10021-1811

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

Name of Employer Occupation
SUNY Downstate Medical Center Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 833.33

Date of Receipt

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

Transaction ID: Obe3f56ff6409772221

Amount of Each Receipt this Period
833.33

C.

Full Name (Last, First, Middle Initial)
Alexander Shraga

Mailing Address 23 Heather Way

City State Zip Code
East Brunswick NJ 08816-2825

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

Name of Employer Occupation
Adult & Pediatric Dermatology, LLC Dermatologist

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

Date of Receipt

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

Transaction ID: 9ab66832bf38fc596a0

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1733.33

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 24 / 30

(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) David Allen South		Date of Receipt MM / DD / YYYY 10 / 16 / 2008		
	Mailing Address 16 Oak Tree Ln		Transaction ID: b2dee0507fd1b570d90		
	City Aptos	State CA	Zip Code 95003-9577	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Stephen P. Stone		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 2021 S Wiggins Ave		Transaction ID: 874d1bc13078c60b2cb		
	City Springfield	State IL	Zip Code 62704-3338	Amount of Each Receipt this Period 1250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SIU School of Medicine, Div of Dermato	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3750.00			

C.	Full Name (Last, First, Middle Initial) Jay Ronald Walther		Date of Receipt MM / DD / YYYY 10 / 28 / 2008		
	Mailing Address 15504 Rodeo Dr		Transaction ID: 93a448f612793924b31		
	City Harlingen	State TX	Zip Code 78552-4866	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

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 25 / 30
(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)
Carl V. Washington, JR.
Mailing Address 1260 Westminster Walk NW
City Atlanta State GA Zip Code 30327-1715
FEC ID number of contributing federal political committee. **C**
Name of Employer Emory Univ School of Medicine Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 11 / 12 / 2008
Transaction ID: eb606eb4fef04caf85f
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
James R. Watt
Mailing Address 2705 Hampton Bridge Rd
City Delray Beach State FL Zip Code 33445-7134
FEC ID number of contributing federal political committee. **C**
Name of Employer Dermatology Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 07 / 2008
Transaction ID: 84fcaf97a7999c63fd5
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John Patrick Welsh
Mailing Address 1002 Brandon Way
City Coraopolis State PA Zip Code 15108-3787
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 ▼ 251.00
Date of Receipt 11 / 08 / 2008
Transaction ID: 9B31154F-7708-4C30-
Amount of Each Receipt this Period 251.00

SUBTOTAL of Receipts This Page (optional) ► 1001.00
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 26 / 30	
	(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

A.	Full Name (Last, First, Middle Initial) Tamra J. Whiteley-Myers		Date of Receipt																					
	Mailing Address 5800 N Camino Arturo		<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>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	9	/	2	0	0	8														
	City	State	Zip Code	Transaction ID: baa93735fe4ea549da1																				
	Tucson	AZ	85718-2904	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	<input type="text" value="250.00"/>																					
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 ▼	<input type="text" value="250.00"/>																					

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="25884.33"/>

**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

A. 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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V91805-9986383318901 Date of Disbursement 11 / 03 / 2008
	Amount of Each Disbursement this Period 20.51
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V91805-7684137225151 Date of Disbursement 11 / 03 / 2008
	Amount of Each Disbursement this Period 156.60
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. 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 Visa/MC Fees Candidate Name <hr/> 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: V91755-0354883074760 Date of Disbursement 11 / 03 / 2008
	Amount of Each Disbursement this Period 460.13
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	637.24
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 30

<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

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
Visa/MC Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: V91755-4269372820854

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

31.60

SUBTOTAL of Disbursements This Page (optional)

31.60

TOTAL This Period (last page this line number only)

668.84

**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)

PAGE 29 / 30

<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

A. Full Name (Last, First, Middle Initial) Bill Cassidy for Congress Mailing Address 3482 Drusilla Lane Suite 1 City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Contribution Candidate Name William Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 34045-1744806170463 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac Mailing Address C/O G & W 2201 Wisconsin Ave. NW Suite 320 City Washington State DC Zip Code 20007 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 23544-2138635516166 Date of Disbursement 10 / 22 / 2008
	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# 29933362225

Form/Schedule: **F3X**

Transaction ID:
