

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 _____ in the State of _____

5. Covering Period 11 25 2008 through 12 31 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 01 20 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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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	223960.97									
(c) Total Receipts (from Line 19)	16128.67	275558.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	240089.64	561528.34								
7. Total Disbursements (from Line 31)	-7588.49	313850.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	247678.13	247678.13								
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	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

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	10067.00	224483.33
(i) Itemized (use Schedule A)	3061.67	46074.67
(ii) Unitemized	13128.67	270558.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	2000.00
(c) Other Political Committees (such as PACs)	13128.67	272558.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
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	3000.00	3000.00
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))	16128.67	275558.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16128.67	275558.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	411.51	6350.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	411.51	6350.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-7000.00	30850.00
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	-1000.00	-1000.00
(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))	-1000.00	-1000.00
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))..	-7588.49	31385.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-7588.49	31385.21

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	13128.67	272558.00
34. Total Contribution Refunds (from Line 28(d))	-1000.00	-1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14128.67	273558.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	411.51	6350.21
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	411.51	6350.21

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(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)
Debra L. Bailey

Mailing Address 131 Glen Oban Dr

City State Zip Code
Arnold MD 21012-2112

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

Name of Employer
Annapolis Dermatology Center

Occupation
Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 15 / 2008

Transaction ID: fd38e0a0cc9fc3e7f04

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
James L. Brazil

Mailing Address 424 Lilly Rd NE

City State Zip Code
Olympia WA 98506-5132

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: b39fe593fb07f936b54

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
John C. Dumler

Mailing Address 2054 Pro Pointe Ln

City State Zip Code
Harrisonburg VA 22801-8021

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
12 / 01 / 2008

Transaction ID: 1befae4204efe91be73

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Steven S. Greenbaum

Mailing Address 232 Ravenscliff Rd

City State Zip Code
St Davids PA 19087-4732

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

Name of Employer: Dermatologic Surgery Associates, PC Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 01 / 2008
Transaction ID: 4e7876c40a1def3af72
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dale H. Isaacson

Mailing Address 7812 Pearson Knoll PI

City State Zip Code
Potomac MD 20854-2999

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

Name of Employer: Drs. Isaacson & Berzin LLC Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 05 / 2008
Transaction ID: 543663088d84708462d
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Kay A. Johnston

Mailing Address 5187 Beverly Dr

City State Zip Code
San Angelo TX 76904-8097

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

Name of Employer: Bel-Ami Dermatology Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 12 / 23 / 2008
Transaction ID: 16d25b044abf976ace0
 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 8 / 16
(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)
Norman Minars

Mailing Address 4801 N 33rd Ct

City State Zip Code
Hollywood FL 33021-2318

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
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: 69b5f6c8e4b02307954

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Peter J. Neidenbach

Mailing Address 110 Club Pointe Dr

City State Zip Code
Spartanburg SC 29302-6313

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

Name of Employer Westside Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: d951ea96c441ade181d

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Apt 9B

City State Zip Code
New York NY 10075-1811

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

Name of Employer SUNY Downstate Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.33

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: 792b3e7f5ce380c91c7

Amount of Each Receipt this Period
1250.00

SUBTOTAL of Receipts This Page (optional) ► 1950.00

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 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Alan R. Shalita

Mailing Address
Apt 9B

City State Zip Code
New York NY 10075-1811

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

Name of Employer
SUNY Downstate Medical Center

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.33

Date of Receipt
MM / DD / YYYY
12 / 15 / 2008

Transaction ID: cc9193533705f9b68ff

Amount of Each Receipt this Period
1667.00

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

Mailing Address
Apt 9B

City State Zip Code
New York NY 10075-1811

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

Name of Employer
SUNY Downstate Medical Center

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.33

Date of Receipt
MM / DD / YYYY
12 / 15 / 2008

Transaction ID: c5e73f13b6aef5e906f

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
Cathy A. Slater

Mailing Address 6179 Windchase Dr

City State Zip Code
Rocky Mount NC 27803-8780

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

Name of Employer
Slater Dermatology

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: d176a17fb17ba80a62e

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **3117.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<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) Stephen P. Stone		Date of Receipt	
	Mailing Address 2021 S Wiggins Ave		M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 4e250e1dd8487610aeb
	Springfield	IL	62704-3338	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1250.00	
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 ▼		
		5000.00		

B.	Full Name (Last, First, Middle Initial) Patricia A. Vitale		Date of Receipt	
	Mailing Address 6015 Pioneer Ridge Cir		M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 31e6f53266894b3a214
	Salt Lake City	UT	84108-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Dermatopathology Center		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) Carl V. Washington		Date of Receipt	
	Mailing Address 1260 Westminster Walk NW		M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: c7b528073ba0b43e712
	Atlanta	GA	30327-1715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Emory Univ School of Medi- cine		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		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 11 / 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Debra J. Wattenberg

Mailing Address
875 5th Ave

City State Zip Code
New York NY 10065-4952

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
12 / 01 / 2008

Transaction ID: 3a2a0b9f4c8a7756625

Amount of Each Receipt this Period
250.00

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

Mailing Address
1917 Millbrook Dr

City State Zip Code
Johnson City TN 37604-1485

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

Name of Employer Tri-Cities Skin and Cancer Occupation
Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2008

Transaction ID: 3bc1efd66b8b7c3ab04

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **450.00**

TOTAL This Period (last page this line number only) ► **10067.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 16
(check only one)

11a 11b 11c 12
 13 14 15 16 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)
Pat Roberts for U S Senate Inc

Mailing Address PO Box 433

City State Zip Code
Great Bend KS 67530

FEC ID number of contributing federal political committee. **C** C00128876

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

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

Transaction ID: 81115-33578127622604

Amount of Each Receipt this Period
3000.00

Refund of Check

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

**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)

PAGE 13 / 16

<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

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) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V36621-8713342547416 Date of Disbursement 12 / 04 / 2008
	Amount of Each Disbursement this Period 206.87
	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) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V36621-6820947527885 Date of Disbursement 12 / 02 / 2008
	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) ▼
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement Merchant Services Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V36621-4939538836479 Date of Disbursement 12 / 02 / 2008
	Amount of Each Disbursement this Period 174.64
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	411.51
TOTAL This Period (last page this line number only)	411.51

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 14 / 16

<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 07</p>	<p>Transaction ID: 12857-16564577817917</p> <p>Date of Disbursement 12 / 09 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Dave Weldon</p> <p>Mailing Address PO Box 968 Suite 2</p> <p>City Melbourne State FL Zip Code 32901</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name David J. Dr. Weldon, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 15</p>	<p>Transaction ID: 12857-79468935728073</p> <p>Date of Disbursement 12 / 09 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 4201 Northview Dr, Ste 307</p> <p>City Bowie State MD Zip Code 20716</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 05</p>	<p>Transaction ID: 12857-31701296567917</p> <p>Date of Disbursement 12 / 09 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-7000.00

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

-7000.00

**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)

PAGE 15 / 16

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Darrell S Rigel

Transaction ID: 27908-37757509946823

Date of Disbursement

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

Mailing Address Apt 1604
300 E 85th St

City State Zip Code
New York NY 10028-4594

Amount of Each Disbursement this Period

-1000.00

Purpose of Disbursement

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

-1000.00

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

-1000.00

Image# 29931953227

Form/Schedule: **F3X**

Transaction ID:
