

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 Street Northwest
Suite 880
 Check if different than previously reported. (ACC)
Washington DC 20005

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

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

5. Covering Period 03 01 2006 through 03 31 2006

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 Donna Rebeck

Signature of Treasurer Electronically Filed by Donna Rebeck Date 06 12 2006

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

**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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">99462.16</td></tr></table>	99462.16
Y	Y	Y	Y									
2	0	0	6									
99462.16												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">176108.89</td></tr></table>	176108.89										
176108.89												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">50169.00</td></tr></table>	50169.00	<table border="1" style="width: 100%;"><tr><td align="right">127387.00</td></tr></table>	127387.00								
50169.00												
127387.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">226277.89</td></tr></table>	226277.89	<table border="1" style="width: 100%;"><tr><td align="right">226849.16</td></tr></table>	226849.16								
226277.89												
226849.16												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">36299.55</td></tr></table>	36299.55	<table border="1" style="width: 100%;"><tr><td align="right">36870.82</td></tr></table>	36870.82								
36299.55												
36870.82												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">189978.34</td></tr></table>	189978.34	<table border="1" style="width: 100%;"><tr><td align="right">189978.34</td></tr></table>	189978.34								
189978.34												
189978.34												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	42000.00	106403.00
(i) Itemized (use Schedule A)	8169.00	20984.00
(ii) Unitemized	50169.00	127387.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50169.00	127387.00
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))	50169.00	127387.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50169.00	127387.00

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.....	1299.55	1870.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1299.55	1870.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	35000.00	35000.00
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))..	36299.55	36870.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	36299.55	36870.82

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)	50169.00	127387.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50169.00	127387.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1299.55	1870.82
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1299.55	1870.82

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Carter Abel

Mailing Address 36 Washington Valley Rd

City State Zip Code
Morristown NJ 07960-3413

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2006

Transaction ID: 12130884

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
William Abildgaard

Mailing Address 2721 Olive Hwy Ste 5

City State Zip Code
Oroville CA 95966-6115

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
03 / 14 / 2006

Transaction ID: 12151788

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cheryl Ackerman

Mailing Address 368 Ridgewood Ave

City State Zip Code
Glen Ridge NJ 07028-1513

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
M M / D D / Y Y Y Y
03 / 14 / 2006

Transaction ID: 12151799

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Albergo		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 1988 Lago Vista Blvd		Transaction ID: 12172037	
City State Zip Code Palm Harbor FL 34685-3332	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Albertini		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 1529 Boxthorne Ln		Transaction ID: 12151781	
City State Zip Code Winston Salem NC 27106-4471	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mitchell Anolik		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 2310 E Allegheny Ave		Transaction ID: 12099280	
City State Zip Code Philadelphia PA 19134-4401	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mitchell Anolik		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 2310 E Allegheny Ave		Transaction ID: 12251469	
City Philadelphia	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19134-4401			
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		

Full Name (Last, First, Middle Initial) B. Deborah Armstrong		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 900 Leisure Ln		Transaction ID: 12096319	
City Greenwood	State IN	Amount of Each Receipt this Period 500.00	
Zip Code 46142-8397			
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		

Full Name (Last, First, Middle Initial) C. Elizabeth Arthur		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 500 Helendale Rd Ste 100		Transaction ID: 12206105	
City Rochester	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 14609-3109			
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		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 40
	<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

Full Name (Last, First, Middle Initial) A. Clay Baker		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 1037 N 3rd St		Transaction ID: 1222253	
City State Zip Code Springfield IL 62702-3848	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Inter Mountain Dermatology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Alice Barba		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 877 NE 73rd St		Transaction ID: 12129178	
City State Zip Code Miami FL 33138-5227	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		

Full Name (Last, First, Middle Initial) C. Shari Barrett		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 3700 Bellemeade Ave Ste 120		Transaction ID: 12127446	
City State Zip Code Evansville IN 47714-0106	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		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
William Baugh

Mailing Address 301 W Bastanchury Rd
Ste 220

City Fullerton State CA Zip Code 92835-3424

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

Name of Employer Full Spectrum 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
03 / 23 / 2006

Transaction ID: 12219827

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Denis Beaudoin

Mailing Address 8226 Douglas Ave
Ste 540

City Dallas State TX Zip Code 75225-5927

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
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12095916

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Paul Becker

Mailing Address 340 W Wilson Ave

City Spokane State WA Zip Code 99208-7223

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

Name of Employer North Spokane Prof 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
03 / 01 / 2006

Transaction ID: 12096443

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 40						
	(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

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

Full Name (Last, First, Middle Initial) A. Kathleen Behr		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 1558 E Shadow Creek Dr		Transaction ID: 12151804	
City State Zip Code Fresno CA 93720-3536	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Jaye Benjamin		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 2450 Snowberry Ln		Transaction ID: 12096523	
City State Zip Code Pepper Pike OH 44124-4334	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Diane Bernardi		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 12277 County Road E35		Transaction ID: 12099219	
City State Zip Code Bryan OH 43506-8309	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer WCFMC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 40
	<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 Bharier

Mailing Address 16 Woodbury St

City State Zip Code
Providence RI 02906-3510

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
03 / 23 / 2006

Transaction ID: 12219828

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Meda Billys

Mailing Address 2820 W Main St

City State Zip Code
Visalia CA 93291-4331

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
M M / D D / Y Y Y Y
03 / 21 / 2006

Transaction ID: 12206107

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Binstock

Mailing Address 22 Battery St
Ste 905

City State Zip Code
San Francisco CA 94111-5523

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
M M / D D / Y Y Y Y
03 / 23 / 2006

Transaction ID: 12219831

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 40
	<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)
Lawrence Blasik

Mailing Address Summit Dermatology & Laser Center
Bldg A

City Brunswick State GA Zip Code 31525-7930

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

Name of Employer Summit Dermatology & Laser Center 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
03 / 14 / 2006

Transaction ID: 12151787

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephen Blum

Mailing Address 2511 Canyon Ridge Ct

City Arlington State TX Zip Code 76006-4001

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
03 / 17 / 2006

Transaction ID: 12174045

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ronald Brancaccio

Mailing Address 67 Perry St

City New York State NY Zip Code 10014-3245

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
M M / D D / Y Y Y Y
03 / 20 / 2006

Transaction ID: 12206082

Amount of Each Receipt this Period
1000.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40
(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)
Gary Brauner

Mailing Address 231 Wilson Dr

City State Zip Code
Cresskill NJ 07626-1738

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

Name of Employer
Laser Medical Treatment
Center of Grea

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 Y
03 / 01 / 2006

Transaction ID: 12096053

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mitchell Bressack

Mailing Address 33 Graymoor Ln

City State Zip Code
Olympia Fields IL 60461-1209

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
03 / 01 / 2006

Transaction ID: 12095464

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ted Brezel

Mailing Address 61 Beacon Hill Rd

City State Zip Code
Port Washington NY 11050-3035

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 Y
03 / 20 / 2006

Transaction ID: 12206188

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Darryl Bronson		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 767 Park Ave W Ste 310		Transaction ID: 12093817	
City Highland Park	State IL	Zip Code 60035-2472	Amount of Each Receipt this Period 1000.00
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 ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Patrick Burkhart		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1118 Whitehall St		Transaction ID: 12129197	
City Maryville	State TN	Zip Code 37803-2814	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		

Full Name (Last, First, Middle Initial) C. Heather Butler		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 3663 Lombardy Rd		Transaction ID: 12219830	
City Pasadena	State CA	Zip Code 91107-5630	Amount of Each Receipt this Period 150.00
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 ▼ 300.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 40
	<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) Paul Cabiran		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address Ste 302 209 Hospital Dr		Transaction ID: 12221956	
City Highlands State NC Zip Code 28741-7616	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Sharon Camden		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 11467 New Farrington Ct		Transaction ID: 12151769	
City Glen Allen State VA Zip Code 23059-1629	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Soni Carlton		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 307 Howard Dr		Transaction ID: 12236164	
City Lynchburg State VA Zip Code 24503-1714	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dermatology Consultants Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40
(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)
Rebecca Caserio

Mailing Address 4142 Bigelow Blvd

City State Zip Code
Pittsburgh PA 15213-1408

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

Name of Employer RJC Fox Chapel Dermatology PC
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
03 / 01 / 2006

Transaction ID: 12094875

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joseph Chanda

Mailing Address 207 Silver Palm Ave

City State Zip Code
Melbourne FL 32901-3143

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
03 / 02 / 2006

Transaction ID: 12123880

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Stephen Damm

Mailing Address 200 Chorus Way

City State Zip Code
Millersville MD 21108-1798

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
03 / 02 / 2006

Transaction ID: 12123882

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 40
	<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

Full Name (Last, First, Middle Initial) A. Diane Davidson		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2006	
Mailing Address 491 Gold Star Hwy Ste 310		Transaction ID: 12171650	
City Groton State CT Zip Code 06340-6226	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Thomas Davis		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2006	
Mailing Address 221 Morningside Dr		Transaction ID: 12251476	
City San Antonio State TX Zip Code 78209-4733	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Allison Divers		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006	
Mailing Address 5743 Salisbury Drive Southwest		Transaction ID: 12151800	
City Roanoke State VA Zip Code 24018-3861	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Renuka Diwan

Mailing Address Laser & Skin Surgery Center
Ste 300

City State Zip Code
West Lake OH 44145-5267

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

Name of Employer Laser & Skin Surgery Center
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
03 / 20 / 2006

Transaction ID: 12206078

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Glenn Dobecki

Mailing Address 571 Main St

City State Zip Code
South Weymouth MA 02190-1843

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
03 / 28 / 2006

Transaction ID: 12261875

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Dunagin

Mailing Address 144 Winterberry Dr

City State Zip Code
Franklin PA 16323-4452

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
03 / 03 / 2006

Transaction ID: 12129181

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gary Dyer

Mailing Address 802 N 25th St

City State Zip Code
Saint Joseph MO 64506-2706

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
03 / 20 / 2006

Transaction ID: 12206189

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steven Feldman

Mailing Address 807 Chester Rd

City State Zip Code
Winston Salem NC 27104-1707

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

Name of Employer
WFU - School of Medicine
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2006

Transaction ID: 12254182

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Allen Filstein

Mailing Address 945 Buckingham Cir NW

City State Zip Code
Atlanta GA 30327-2701

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
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12099244

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 40
	<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

Full Name (Last, First, Middle Initial) A. John Gebhard		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 11 Portuguese Bend Rd		Transaction ID: 12099322	
City State Zip Code Rolling Hills CA 90274-5072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. John Gebhard		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 11 Portuguese Bend Rd		Transaction ID: 12219825	
City State Zip Code Rolling Hills CA 90274-5072	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Robert Godwin		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 25317 Valley Dr		Transaction ID: 12127445	
City State Zip Code Bettendorf IA 52722-7317	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Adrian Guevara		Date of Receipt MM / DD / YYYY 03 / 27 / 2006
Mailing Address 736 S Allegheny Ave		Transaction ID: 12236168
City Tulsa	State OK	Zip Code 74112-4327
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Douglas Vaughn Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Janet Hickman		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 107 Lee Cir		Transaction ID: 12094574
City Lynchburg	State VA	Zip Code 24503-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dermatology Consultants, Inc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Steven Hubert		Date of Receipt MM / DD / YYYY 03 / 28 / 2006
Mailing Address 56 Stonecliff Rd		Transaction ID: 12251507
City Princeton	State NJ	Zip Code 08540-2329
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 40
	(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)
Charles Huddleston

Mailing Address 9732 Franklin Hill Blvd

City State Zip Code
Knoxville TN 37922-3331

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
03 / 01 / 2006

Transaction ID: 12099338

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Suguru Imaeda

Mailing Address 141 Northwood Dr

City State Zip Code
Guilford CT 06437-1159

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

Name of Employer Yale University
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
03 / 15 / 2006

Transaction ID: 12171651

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David Jackson

Mailing Address 3519 Watermelon Rd

City State Zip Code
Northport AL 35473-5174

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

Name of Employer Alabama Dermatology Assoc.
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
03 / 27 / 2006

Transaction ID: 12254183

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
David Kaplan

Mailing Address 12424 Aberdeen Rd

City Leawood State KS Zip Code 66209-2431

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 Y
03 / 01 / 2006

Transaction ID: 12099221

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Robin Hood Rnch

City Oak Brook State IL Zip Code 60523-2790

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

Name of Employer Center for Dermatology & Skin Cancer
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
03 / 01 / 2006

Transaction ID: 12099212

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Hazle Konerding

Mailing Address 205 Cyril Ln

City Richmond State VA Zip Code 23229-7740

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
M M / D D / Y Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099220

Amount of Each Receipt this Period
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Brett Krasner

Mailing Address 1960 Cobblestone Lane

City State Zip Code
Charlottesville VA 22901-9435

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

Name of Employer Family Dermatology of Albemarle
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
03 / 27 / 2006

Transaction ID: 12236179

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Nancy Leitch

Mailing Address 3400 Lawndale Ln N

City State Zip Code
Plymouth MN 55447-1694

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
03 / 06 / 2006

Transaction ID: 12128995

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Brian Lester

Mailing Address Apt 16
81 Green St

City State Zip Code
Brookline MA 02446-3317

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

Name of Employer Brookline Village Dermatology
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
03 / 17 / 2006

Transaction ID: 12172354

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 40
	<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

Full Name (Last, First, Middle Initial) A. David Lorber		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 9711 Skokie Blvd Ste J		Transaction ID: 12251511	
City State Zip Code Skokie IL 60077-1384	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Kenneth Macknet		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 11306 Mountain View Ave Ste C		Transaction ID: 12222480	
City State Zip Code Loma Linda CA 92354-3832	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gary McCracken		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 8024 E Mercer Ln		Transaction ID: 12251504	
City State Zip Code Scottsdale AZ 85260-6562	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Michel 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 Occupation
Dean Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099262

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William O'Grady

Mailing Address 644 Oceanview Rd

City State Zip Code
Brielle NJ 08730-1221

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
03 / 03 / 2006

Transaction ID: 12129345

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David Pariser

Mailing Address 933 Winthrope Dr

City State Zip Code
Virginia Beach VA 23452-3936

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

Name of Employer Occupation
Pariser Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2006

Transaction ID: 12099303

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	6250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jerome Potozkin		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 2502 Alamo Country Cir		Transaction ID: 12151803	
City State Zip Code Alamo CA 94507-1495	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Curtis Raskin		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 519 Oakshire Pl		Transaction ID: 12173880	
City State Zip Code Alamo CA 94507-2327	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Paul Rose		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 6140 Bayside Dr		Transaction ID: 12099214	
City State Zip Code New Port Richey FL 34652-2003	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For:	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Steven Rosenberg

Mailing Address 470 Columbia Dr
Ste A102

City State Zip Code
West Palm Beach FL 33409-1983

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

Name of Employer Occupation
Palm Beach Dermatology 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
03 / 01 / 2006

Transaction ID: 12099226

Amount of Each Receipt this Period
1000.00

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

Mailing Address Apt 7E
435 E 79th St

City State Zip Code
New York NY 10021-1075

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
03 / 14 / 2006

Transaction ID: 12151771

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Sawchuk

Mailing Address 10000 Park Royal Dr

City State Zip Code
Great Falls VA 22066-1847

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
03 / 01 / 2006

Transaction ID: 12099201

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 40
	<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 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 Occupation
MSSB Inc. 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
03 / 23 / 2006

Transaction ID: 12219983

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jason Smith

Mailing Address 1 Fox Chase SW

City State Zip Code
Rome GA 30165-8565

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

Name of Employer Occupation
NW GA Dermatology 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
03 / 01 / 2006

Transaction ID: 12099290

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jason Smith

Mailing Address 1 Fox Chase SW

City State Zip Code
Rome GA 30165-8565

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

Name of Employer Occupation
NW GA Dermatology 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
03 / 20 / 2006

Transaction ID: 12206081

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David South		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2006	
Mailing Address 16 Oak Tree Ln		Transaction ID: 12220148	
City State Zip Code Aptos CA 95003-9577	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. John Stanley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2006	
Mailing Address University of Pennsylvania Department of Dermatology		Transaction ID: 12151797	
City State Zip Code Philadelphia PA 19104-4218	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pennsylvania Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Cynthia Strohmeyer		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2006	
Mailing Address 702 Goodlette Rd N Ste 200		Transaction ID: 12095212	
City State Zip Code Naples FL 34102-5628	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Robert Tankel

Mailing Address 15715 46th Ave

City State Zip Code
Flushing NY 11355-2353

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
03 / 06 / 2006

Transaction ID: 12128757

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James Taylor

Mailing Address 28150 Fairmount Blvd

City State Zip Code
Pepper Pike OH 44124-4620

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

Name of Employer Cleveland Clinic Foundati-
on
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
03 / 01 / 2006

Transaction ID: 12099218

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Steven Ugent

Mailing Address 9 Highland St

City State Zip Code
Sharon MA 02067-1421

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
03 / 20 / 2006

Transaction ID: 12206193

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mark Valentine		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 1501 W Horizon Dr		Transaction ID: 12099204	
City State Zip Code Mukilteo WA 98275-2111	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		

Full Name (Last, First, Middle Initial) B. Jennifer Vesper		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 2171 Oceanview Dr		Transaction ID: 12099217	
City State Zip Code Tierra Verde FL 33715-2513	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Riverside Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jane Wada		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 399 Flintridge Oaks Dr		Transaction ID: 12099250	
City State Zip Code La Canada CA 91011-3515	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan Weinkle		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2006	
Mailing Address 2423 Landings Cir		Transaction ID: 12099213	
City Bradenton	State FL	Zip Code 34209-9675	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		

Full Name (Last, First, Middle Initial) B. Allan Wirtzer		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 4836 Van Nuys Blvd		Transaction ID: 12172476	
City Sherman Oaks	State CA	Zip Code 91403-2101	Amount of Each Receipt this Period 400.00
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) C. David Wolf		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2006	
Mailing Address 17790 Valle Verde Rd		Transaction ID: 12151784	
City Poway	State CA	Zip Code 92064-1002	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dermatology Specialists	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) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Patricia Wyhinny

Mailing Address 8 Corey Dr

City State Zip Code
South Barrington IL 60010-9520

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
MM / DD / YYYY
03 / 01 / 2006

Transaction ID: 12096728

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
James Yeckley

Mailing Address 508 Buccaneer Bnd

City State Zip Code
Savannah GA 31406-3203

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
03 / 01 / 2006

Transaction ID: 12096879

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Sandra Zila-Eivins

Mailing Address 1715 Latigo Loop

City State Zip Code
Steamboat Springs CO 80487

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
MM / DD / YYYY
03 / 17 / 2006

Transaction ID: 12174116

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 40
	(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)
Douglas Zirker

Mailing Address 1762 NW Steidl Rd

City State Zip Code
Bend OR 97701-1857

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
03 / 14 / 2006

Transaction ID: 12151774

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jonathan Zirn

Mailing Address 47 Steep Hill Rd

City State Zip Code
Weston CT 06883-1810

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

Name of Employer Advanced Dermcare P.C.
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
03 / 06 / 2006

Transaction ID: 12130883

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	42000.00

**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 37 / 40

<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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
AMEX Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: V14049-7598840594291

Date of Disbursement

03 / 01 / 2006

Amount of Each Disbursement this Period

447.82

Full Name (Last, First, Middle Initial)

B. 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: V14049-2720910906791

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

851.73

SUBTOTAL of Disbursements This Page (optional)

1299.55

TOTAL This Period (last page this line number only)

1299.55

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 40

<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

Full Name (Last, First, Middle Initial) A. Blue Dog Political Action Committee		Transaction ID: 40781-1756402850151 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101	Purpose of Disbursement Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: 40781-5948755145072 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 430 South Capitol Street Southeast 2nd Floor		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution 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) ▼	011 Category/Type

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: 40781-4041864275932 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 120 Maryland Avenue Northeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution 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) ▼	011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. Hastert for Congress Committee		Transaction ID: 40781-2463037371635 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 625		Amount of Each Disbursement this Period 5000.00
City Batavia State IL Zip Code 60510		
Purpose of Disbursement Contribution Candidate Name J. Hastert	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 40781-1828882098197 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 3000.00
City Gainesville State GA Zip Code 30503		
Purpose of Disbursement Contribution Candidate Name Nathan Deal	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee		Transaction ID: 40781-4827386736869 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 320 First Street		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **13000.00**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 40

<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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Transaction ID: 40781-8207361102104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
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) ▼	

Full Name (Last, First, Middle Initial) B. Price for Congress		Transaction ID: 40781-4789392352104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00
City Roswell State GA Zip Code 30077	Purpose of Disbursement Contribution Candidate Name Thomas Price Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Schwarz for Congress		Transaction ID: 40781-6807519793510 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016	Purpose of Disbursement Contribution Candidate Name John Schwarz Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	35000.00