

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 04 01 2006 through 04 30 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 05 16 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

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		99462.16
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	189978.34									
(c) Total Receipts (from Line 19)	21206.00	148593.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	211184.34	248055.16								
7. Total Disbursements (from Line 31)	3533.83	40404.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	207650.51	207650.51								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

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	16101.00	122504.00
(i) Itemized (use Schedule A)	5105.00	26089.00
(ii) Unitemized	21206.00	148593.00
(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)	21206.00	148593.00
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))	21206.00	148593.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21206.00	148593.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1033.83	2563.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1033.83	2563.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	37500.00
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	341.46
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))..	3533.83	40404.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	3533.83	40404.65

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)	21206.00	148593.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21206.00	148593.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1033.83	2563.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1033.83	2563.19

**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 / 17
	<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

Full Name (Last, First, Middle Initial) A. Bonnie Barsky		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 990 Forest Ave		Transaction ID: 14049-36069887876510	
City Glencoe	State IL	Amount of Each Receipt this Period 500.00	
Zip Code 60022-1212			
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. Ted Brezel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 61 Beacon Hill Rd		Transaction ID: 12716-47706240415573	
City Port Washington	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 11050-3035			
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. Thomas Cahn		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 100 Hospital Rd		Transaction ID: 14049-21734255552292	
City Leominster	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 01453-2253			
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 7 / 17
	<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)
Katarina Chiller

Mailing Address
780 Stovall Blvd NE

City State Zip Code
Atlanta GA 30342-3928

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

Name of Employer Occupation
Paces Pavillion 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
0 4 / 0 4 / 2 0 0 6

Transaction ID: 14049-92446535825730

Amount of Each Receipt this Period
250.00

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

Mailing Address 1 Sailview

City State Zip Code
Newport Coast CA 92657-1707

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
0 4 / 1 9 / 2 0 0 6

Transaction ID: 94439-87076967954636

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Lauren Daman

Mailing Address Ste 603
100 Retreat Ave

City State Zip Code
Hartford CT 06106-2528

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 14049-75667971372605

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 8 / 17
	<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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American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephen Damm		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 200 Chorus Way		Transaction ID: 14049-84002321958542	
City Millersville	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 21108-1798			
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Michael Dannenberg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 25 Bob-O-Link Lane		Transaction ID: 12716-52161806821823	
City Northport	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 11768-9921			
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. William Davey		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 969 Warrenton Cir		Transaction ID: 12716-44262331724167	
City Lexington	State KY	Amount of Each Receipt this Period 1000.00	
Zip Code 40502-3067			
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 ▼ 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 9 / 17
	<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. Anna Falabella		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 1140 Ginger Cir		Transaction ID: 20608-90499514341355
City Weston	State FL	Zip Code 33326-3626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dermatology & Cosmetic Specialists	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. Scott Glazer		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 2839 Woodmere Dr		Transaction ID: 23817-35534304380417
City Northbrook	State IL	Zip Code 60062-6446
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Roger Golomb		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 18 Winston Dr		Transaction ID: 14049-62099856138229
City Belleair	State FL	Zip Code 33756-1646
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)	▶	2000.00
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 / 17
	<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. Sandra Hannegan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 118 Sea Cotton Cir		Transaction ID: 23817-06451052427291
City Charleston	State SC	Zip Code 29412-8295
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	

Full Name (Last, First, Middle Initial) B. David Harris		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address Ste 200 3803 S Bascom Ave		Transaction ID: 02221-34119814634323
City Campbell	State CA	Zip Code 95008-7317
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	

Full Name (Last, First, Middle Initial) C. Stephen Helms		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 8485 Squirrel Hill Dr NE		Transaction ID: 12306291
City Warren	State OH	Zip Code 44484-2051
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)	▶	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 11 / 17
	<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)
Christopher Ho

Mailing Address 968 N Alpine Dr

City State Zip Code
Beverly Hills CA 90210-2931

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2006

Transaction ID: 62822-14815920591354

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John Jennings

Mailing Address
119 Point Shore Dr

City State Zip Code
Goldsboro NC 27534-8957

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

Name of Employer Goldsboro Skin Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2006

Transaction ID: 14049-84701174497605

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Donald Kern

Mailing Address
834 Lake Washington Blvd S

City State Zip Code
Seattle WA 98144-3312

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 ▼
251.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2006

Transaction ID: 12716-33051699399948

Amount of Each Receipt this Period
251.00

SUBTOTAL of Receipts This Page (optional)	▶	1251.00
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 / 17
	<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) Kimberly Kolar		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 5 / 2 0 0 6	
Mailing Address 4385 Juniper Trl		Transaction ID: 13139-21274966001510	
City State Zip Code Reno NV 89509-2987	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Nomate Kpea		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address Skin Medicine & Surgery Ctrs, Inc 647 Jefferson Blvd		Transaction ID: 23817-37900942564011	
City State Zip Code Warwick RI 02886-1318	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Skin Medicine & Surgery Ctrs, Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Daniel McKenzie		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 23772 Salvador Bay		Transaction ID: 20608-01333254575729	
City State Zip Code Monarch Beach CA 92629-4207	Amount of Each Receipt this Period 300.00		
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) ▶	1300.00
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 / 17
	<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)
Max Reddick

Mailing Address Ste 247
902 Frostwood Dr

City State Zip Code
Houston TX 77024-2418

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
0 4 / 0 4 / 2 0 0 6

Transaction ID: 12716-65139406919480

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Hobart Richey

Mailing Address
443 Anchorage Dr

City State Zip Code
Nokomis FL 34275-3102

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
0 4 / 0 4 / 2 0 0 6

Transaction ID: 12716-53736513853073

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
George Schmieder

Mailing Address Ste 16
1543 Kingsley Ave

City State Zip Code
Orange Park FL 32073-4570

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
0 4 / 0 4 / 2 0 0 6

Transaction ID: 12716-04156130552291

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 17
	<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 Stanowicz

Mailing Address 1506 E Chapman Ave

City State Zip Code
Orange CA 92866-2231

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 6

Transaction ID: 14049-06745547056198

Amount of Each Receipt this Period
250.00

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

Mailing Address
2045 S Willemore Ave

City State Zip Code
Springfield IL 62704-3341

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

Name of Employer
SIU School of Medicine, Div of Dermato
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: 12716-98684328794480

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Sharon Tiefenbrunn

Mailing Address 6651 Chippewa St

City State Zip Code
Saint Louis MO 63109-2538

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

Name of Employer Self-Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 12716-71322268247605

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
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 15 / 17
	(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

Full Name (Last, First, Middle Initial) A. Marta VanBeek		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 242 Magowan Ave		Transaction ID: 12716-85850161314011	
City Iowa City	State IA	Zip Code 52246-3512	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Iowa, Dept. of Dermatolo	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. J. West		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 1540 Marion Rd		Transaction ID: 14049-17606753110885	
City Redlands	State CA	Zip Code 92374-6333	Amount of Each Receipt this Period 300.00
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) ▶	550.00
TOTAL This Period (last page this line number only) ▶	16101.00

**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 16 / 17

<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. Bank One Checking		Transaction ID: 65478-36018007993698	
Mailing Address 111 E. Busse Ave.		Date of Disbursement MM / DD / YYYY 04 / 28 / 2006	
City Mount Prospect	State IL	Zip Code 60056	Amount of Each Disbursement this Period 294.22
Purpose of Disbursement AMX credit card charge		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bank One Checking		Transaction ID: 65478-57957094907761	
Mailing Address 111 E. Busse Ave.		Date of Disbursement MM / DD / YYYY 04 / 28 / 2006	
City Mount Prospect	State IL	Zip Code 60056	Amount of Each Disbursement this Period 739.61
Purpose of Disbursement Vs/MC credit card service charges		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ►

1033.83

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

1033.83

**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 17 / 17

<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. Mike Dewine for Us Senate

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement
Contribution

Candidate Name
Mike DeWine

Office Sought: House
 Senate
 President

State: OH District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 94385-3432580828666

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00