



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		421124.18
(b) Cash on Hand at Beginning of Reporting Period.....	313043.23	
(c) Total Receipts (from Line 19) .....	9370.98	557495.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	322414.21	978619.21
7. Total Disbursements (from Line 31).....	115453.45	771658.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	206960.76	206960.76
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Report Covering the Period: From:  /  /  To:  /  /

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		
(i) Itemized (use Schedule A).....	8090.98	485249.27
(ii) Unitemized .....	1280.00	72245.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9370.98	557495.03
(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) .....	9370.98	557495.03
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 Transfers (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))..... ▶	9370.98	557495.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9370.98	557495.03

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	453.45	13528.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	453.45	13528.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	115000.00	745500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	12630.00
(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	12630.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	115453.45	771658.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	115453.45	771658.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	9370.98	557495.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	12630.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9370.98	544865.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	453.45	13528.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	453.45	13528.45

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 (SkinPAC)**

**A. Sabra Sullivan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 Hidden Hts  
 City State Zip Code  
 Ridgeland MS 39157-8626  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2012  
**Transaction ID : AEDB70EBE5B404A00AC6**  
 Amount of Each Receipt this Period  
 100.00

**B. Patricia N. Speelman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3362 Monroe St  
 City State Zip Code  
 Carlsbad CA 92008-2045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dermatology Specialists, Inc Dermatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : A1EB2B23EB2CA43D2926**  
 Amount of Each Receipt this Period  
 400.00

**C. Gary Goldenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 E. 98th St Fl 5  
 Dept Of Dermatology, Mailbox 1047  
 City State Zip Code  
 New York NY 10029-6501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mount Sinai School of Medicine Dermatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2012  
**Transaction ID : AF6573C92F7E245C3B74**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 23  
(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 (SkinPAC)**

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

Mailing Address 17228 Lechlade Ln

City Dallas	State TX	Zip Code 75252-4208
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dermatology Treatment & Research Cente	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

**Transaction ID : A89F7221F0E584C9E8E0**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Elisabeth Shim**

Mailing Address 1757 Bel Air Rd

City Los Angeles	State CA	Zip Code 90077-2730
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FEC ID number of contributing federal political committee. **C**

Name of Employer St John's Medical Plaza	Occupation Dermatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : AEC40778491DF48F888C**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Kevin Lynn Whaley**

Mailing Address 9487 Wolf Pack Ter

City Colorado Springs	State CO	Zip Code 80920-7679
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FEC ID number of contributing federal political committee. **C**

Name of Employer Summit Dermatology PC	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

**Transaction ID : A21026A3B9F8E4434A1F**

Amount of Each Receipt this Period  
500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
	<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 (SkinPAC)**

**A. Yolanda Rosi Helfrich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 Pittsview Dr  
 City Ann Arbor State MI Zip Code 48108-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 30 / 2012  
**Transaction ID : A5D026E4166FF4E9A842**  
 Amount of Each Receipt this Period 300.00

**B. Barbara Greenan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 New York Ave NW Suite 800  
 City Washington State DC Zip Code 20005-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Dermatology Occupation Association Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 30 / 2012  
**Transaction ID : A10D84BD76ED64910835**  
 Amount of Each Receipt this Period 45.00

**C. Diane M. Bernardi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12277 County Road E35  
 City Bryan State OH Zip Code 43506-8309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parkview Health Montpelier Clinic Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 10 / 30 / 2012  
**Transaction ID : ACD3E951AA8C0452EB17**  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
<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 (SkinPAC)**

Full Name (Last, First, Middle Initial) <b>A. Barry C. Ginsburg</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 2524 Gerald Way		<b>Transaction ID : AF3D5F0A4312D4AC58D5</b>
City Mountain Brk	State AL	Zip Code 35223-1125
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Kay A. Johnston</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 30 / 2012
Mailing Address 5187 Beverly Dr		<b>Transaction ID : A943E72CDC3FF4D748A4</b>
City San Angelo	State TX	Zip Code 76904-8097
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 125.00	
Name of Employer Bel-Ami Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Virginia Rutledge Forney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 59 Park Ln NE		<b>Transaction ID : A5158964E9911458ABA7</b>
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Dermatology Affiliates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2725.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<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	<input type="checkbox"/> 17

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

**A. Eric O. Rasmussen**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 High School Rd NE D3  
Pmd 317

City Bainbridge Island State WA Zip Code 98110-2648

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

Name of Employer Peninsula Dermatology and Laser Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : A06BFF14EA4614A60B3B**

Amount of Each Receipt this Period  
1000.00

**B. Robert L. Orme**  
Full Name (Last, First, Middle Initial)

Mailing Address 11760 S. 700 E. Suite 210

City Draper State UT Zip Code 84020-6605

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 ▼  
365.00

Date of Receipt  
11 / 06 / 2012  
**Transaction ID : A07F603085A4D4A198EB**

Amount of Each Receipt this Period  
365.00

**C. Sandra I. Read**  
Full Name (Last, First, Middle Initial)

Mailing Address 6915 Radnor Rd

City Bethesda State MD Zip Code 20817-6328

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

Name of Employer Self Employed Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4444.48

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : AC4C76EDB74F049BBA25**

Amount of Each Receipt this Period  
555.56

**SUBTOTAL** of Receipts This Page (optional).....▶ 1920.56

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<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 (SkinPAC)**

**A. Ricardo A. Romagosa**  
Full Name (Last, First, Middle Initial)

Mailing Address 152 NW Magnolia Lakes Blvd

City Port Saint Lucie State FL Zip Code 34986-3567

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

Name of Employer Romagosa Dermatology Group, LLC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : A3E1344FE748F4087B23**

Amount of Each Receipt this Period **40.00**

**B. Hazle Smith Konerding**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Cyril Ln

City Henrico State VA Zip Code 23229-7740

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

Name of Employer Commonwealth Dermatology Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4500.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : AD9A0671335EC43C1B89**

Amount of Each Receipt this Period **500.00**

**C. Elizabeth Shannon Martin**  
Full Name (Last, First, Middle Initial)

Mailing Address 861 Tulip Poplar Dr

City Hoover State AL Zip Code 35244-1639

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

Name of Employer Baptist Health Systems Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **11 / 15 / 2012**

**Transaction ID : A2076DB3E340042A4B7E**

Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>640.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
<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 (SkinPAC)**

**A. Sabra Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Hidden Hts

City Ridgeland State MS Zip Code 39157-8626

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 ▼  
1100.00

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : A0DB577BC9040416B92D**

Amount of Each Receipt this Period  
100.00

**B. F. William Danby**  
Full Name (Last, First, Middle Initial)

Mailing Address 860 Sugar Hill Rd

City Contoocook State NH Zip Code 03229-2223

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

Name of Employer Self Employed  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.94

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : A8B9CD90DD5C247EA8C8**

Amount of Each Receipt this Period  
30.42

**C. Scott D. Bennion**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Garden Creek Rd

City Casper State WY Zip Code 82601-6600

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

Name of Employer CWSC  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
11 / 15 / 2012  
**Transaction ID : A2E76C957FE5F4ED0A0F**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.42

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

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

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

FOR LINE NUMBER: PAGE 13 OF 23  
(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 (SkinPAC)**

**A. Clarence William Brown Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 156 W. Superior St  
City Chicago State IL Zip Code 60654-8764  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University Dermatology Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 15 / 2012**  
**Transaction ID : A80D98965E4C342E08EC**  
Amount of Each Receipt this Period **500.00**

**B. Daniel M. Siegel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Hitherbrook Rd  
City Saint James State NY Zip Code 11780-1014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer LI Skin Cancer Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **4500.00**

Date of Receipt **11 / 15 / 2012**  
**Transaction ID : AC0781ABDD86E49D8B52**  
Amount of Each Receipt this Period **500.00**

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>8090.98</b>

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

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

FOR LINE NUMBER:  
(check only one)

<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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement  
Aristotle Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 30 / 2012

Transaction ID : B4E3D0F5E3FE84C10B29

Amount of Each Disbursement this Period

217.50

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Amex Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2012

Transaction ID : B167D47742D8C49C3802

Amount of Each Disbursement this Period

122.76

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement  
MC/VS Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 15 / 2012

Transaction ID : B353A93A7C3414CF2AD3

Amount of Each Disbursement this Period

113.19

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

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

453.45

453.45

**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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE INC**

Mailing Address 607 14TH STREET NW SUITE 800

City Washington State DC Zip Code 20005-2005

Purpose of Disbursement

Candidate Name

**Sen. Robert P Casey Jr**

Office Sought:  House  Senate  President

State: PA District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 18 / 2012

Transaction ID : B37E290624FB94D5FA57

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement

Candidate Name

**Rep. Charles W. Dent**

Office Sought:  House  Senate  President

State: PA District: 15

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : B5AA45CA8070E4721BA9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Allyson Schwartz for Congress**

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement

Candidate Name

**Rep. Allyson Y. Schwartz**

Office Sought:  House  Senate  President

State: PA District: 13

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : B00B7F15FA4944970A95

Amount of Each Disbursement this Period

5000.00

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

12500.00

**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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF BILL POSEY**

Mailing Address P. O. BOX 360877

City MELBOURNE State FL Zip Code 32936

Purpose of Disbursement

Candidate Name

**Rep. Bill Posey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

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

**Transaction ID : B6ADE38EB5A5B40A5946**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068-2185

Purpose of Disbursement

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

**Transaction ID : BAAE354EFE7024C53BDD**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Maloney for Congress**

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement

Candidate Name

**Rep. Carolyn B. Maloney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

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

**Transaction ID : B94DBF13E2DE94F81B5F**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0	0	0	0	0
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2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name

**Rep. Gene Green**

Office Sought:  House  Senate  President

State: TX District: 29

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 31 / 2012

Transaction ID : **B9B3269488C6F41EC8C9**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Scott Brown for Us Senate Committee**

Mailing Address PO Box 395

City Wrentham State MA Zip Code 02093-0395

Purpose of Disbursement

Candidate Name

**Sen. Scott P. Brown**

Office Sought:  House  Senate  President

State: MA District:

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

Transaction ID : **B9D34B386287B4C74B1C**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. People for Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement

Candidate Name

**Sen. Patty Murray**

Office Sought:  House  Senate  President

State: WA District:

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 25 / 2012

Transaction ID : **B2DF8195270334C07AF7**

Amount of Each Disbursement this Period

5000.00

**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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Charles Boustany Jr. Md for Congress, Inc.**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  Senate  President  
State: LA District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Runoff2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			13			2012			

**Transaction ID : B84E0AA7A6D8E48758D5**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress Inc.**

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068-2185

Purpose of Disbursement

Candidate Name

**Rep. Marsha Blackburn**

Office Sought:  House  Senate  President  
State: TN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

**Transaction ID : B88D0CB33B4C04345A00**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. MAKING A RESPONSIBLE STAND FOR HOUSEHOLDS IN AMERICA (MARSHA PAC)**

Mailing Address PO BOX 680063

City Franklin State TN Zip Code 37068-0063

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2012			

**Transaction ID : BA32C4D5016B9410CB14**

Amount of Each Disbursement this Period

5000.00
---------

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

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

12500.00
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# 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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

### A. Friends of John Barrasso

Mailing Address PO Box 52008

City Casper State WY Zip Code 82605

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : B86DBBFD8A52D46A68CE

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

### B. M-Pac

Mailing Address 607 14th Street, NW, Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			25			2012			

Transaction ID : BAA895EA4E505411DB25

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

### C. Alamo Pac

Mailing Address 919 Congress Ave Suite 1400  
Frost Bank Plaza

City Austin State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

Transaction ID : B396D82A3EF8B4AEAB57

Amount of Each Disbursement this Period

5000.00
---------

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

15000.00
----------

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

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**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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. CONCERNED AMERICANS FOR FREEDOM & OPPORTUNITY PAC (CAFO PAC)**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : B22B64D69475A4FD78BB**

Amount of Each Disbursement this Period

5000.00
---------

**B. DANPAC**

Full Name (Last, First, Middle Initial)

Mailing Address 1088 BISHOP STREET, SUITE 1009

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : B11315E2995CD45BBB94**

Amount of Each Disbursement this Period

5000.00
---------

**C. DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)**

Full Name (Last, First, Middle Initial)

Mailing Address 819 PLANTATION BLVD

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) Other2012

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2012			

**Transaction ID : B005C895167F543B69E2**

Amount of Each Disbursement this Period

5000.00
---------

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

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

15000.00
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**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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. CAROLYN'S PAC**

Mailing Address 24 EAST 93RD STREET  
SUITE 1B

City NEW YORK State NY Zip Code 10128

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : B7DBB7D001C5F44128CA**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. COMMITTEE FOR A DEMOCRATIC FUTURE**

Mailing Address 25 ROYDON ROAD

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : B52D1F4B8FE8E4FF5AE4**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. WE THE PEOPLE PAC**

Mailing Address P.O. BOX 142

City JENKINTOWN State PA Zip Code 19046

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Other2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2012

**Transaction ID : B32400A799CA24E0687C**

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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 (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Heartland Values Pac**

Mailing Address PO Box 505

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : B73A3131F3D7F4B03BC0**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3241

City State Zip Code  
CHEYENNE WY 82003

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : B1F6EBE3940E74349920**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. COMMON VALUES PAC**

Mailing Address 901 N WASHINGTON ST  
SUITE 700

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Other2012

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2012			

**Transaction ID : B1DC98D96B655429D9BE**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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