

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 (SkinPAC)

ADDRESS (number and street) 1445 New York Avenue NW
Ste 800
 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 07 01 2011 through 07 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Electronically Filed by Steven Debnar Date 08 16 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		257375.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	332823.17									
(c) Total Receipts (from Line 19)	32623.26	284574.38								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	365446.43	541949.45								
7. Total Disbursements (from Line 31)	814.49	177317.51								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	364631.94	364631.94								
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 (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)	29307.01	242374.22
(ii) Unitemized	3316.25	42200.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32623.26	284574.38
(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)	32623.26	284574.38
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))	32623.26	284574.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32623.26	284574.38

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.....	814.49	5217.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	814.49	5217.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	172000.00
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	100.00
(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	100.00
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))..	814.49	177317.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	814.49	177317.51

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)	32623.26	284574.38
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32623.26	284474.38
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	814.49	5217.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	814.49	5217.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Mark A. Ramirez

Mailing Address 5605 Imperial Ct

City San Angelo State TX Zip Code 76904-1902

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

Name of Employer Shannon Clinic Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2011
Transaction ID: AF31B49D675B44297A58
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Faris Hawit

Mailing Address 9600 Covenant Ct

City Owings State MD Zip Code 20736-3336

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2011
Transaction ID: A93FFE4CF9D1946FAAA4
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Victor James Marks

Mailing Address 804 Mount Zion Drive

City Danville State PA Zip Code 17821-8613

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

Name of Employer Geisinger Health System Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 02 / 2011
Transaction ID: A8A1826314D8E45098FC
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 27
(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.

Full Name (Last, First, Middle Initial)
Daniel M. Siegel

Mailing Address 33 Hitherbrook Rd

City State Zip Code
Saint James NY 11780-1014

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

Name of Employer Occupation
LI Skin Cancer Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1001.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2011

Transaction ID: ADF101902CB344C70B74

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Suzanne Marie Connolly

Mailing Address 6229 E Viaduct Los Caballos

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Retired Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2011

Transaction ID: A5A5A07786EAF481EA12

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
David J. Barnette, Jr.

Mailing Address 6649 Curlaw Ter

City State Zip Code
Carlsbad CA 92011-3965

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

Name of Employer Occupation
Leo Indianer MD Med Corp Dermatopathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2011

Transaction ID: ADA3B91D83C954D32BD8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 27
(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.

Full Name (Last, First, Middle Initial) Andrew J. Mitchell		Date of Receipt MM / DD / YYYY 07 / 07 / 2011
Mailing Address 745 Watershed Ct		Transaction ID: A4D9052FD5450453C9C2
City Ann Arbor	State Zip Code MI 48105-2573	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Consultants In Dermatology, PLLC	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) William D. James		Date of Receipt MM / DD / YYYY 07 / 07 / 2011
Mailing Address 766 Applegate Ln		Transaction ID: AF45A2419854F4D6F830
City Bryn Mawr	State Zip Code PA 19010-1117	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Pennsylvania Health Systems	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Carolyn L. Schwartz		Date of Receipt MM / DD / YYYY 07 / 07 / 2011
Mailing Address 318 Sunset Blvd		Transaction ID: A6810D9DB16EE432481D
City Wyckoff	State Zip Code NJ 07481-2418	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Kinnelon Dermatology	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 27
(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.

Full Name (Last, First, Middle Initial)
James Owen Ertle

Mailing Address 511 Burr Oak Pl

City Hinsdale State IL Zip Code 60521-2932

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

Name of Employer Grant Square Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2011
Transaction ID: A85A188CA6F684A45961

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Charles S. Fulk

Mailing Address 904 Cherokee Blvd

City Knoxville State TN Zip Code 37919-7847

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 07 / 07 / 2011
Transaction ID: A9AB77681BCC14331835

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Joseph M. Masessa

Mailing Address 35 Green Pond Rd

City Rockaway State NJ Zip Code 07866-2052

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

Name of Employer North Jersey Dermatology Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 07 / 2011
Transaction ID: AF869CCE507D148D3BD6

Amount of Each Receipt this Period 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 27
(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.

Full Name (Last, First, Middle Initial)
Mark D. Kaufmann

Mailing Address 21 E 90th St

City State Zip Code
New York NY 10128-0654

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

Name of Employer Self-Employed Occupation
Self-Employed Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2011

Transaction ID: A7C0B4F8198F542C4AE2

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lloyd E. King, Jr.

Mailing Address 211 Kensington Park

City State Zip Code
Nashville TN 37215-2446

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

Name of Employer Self Employed Occupation
Self Employed Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2011

Transaction ID: A5C53F6AF094E45D8BEB

Amount of Each Receipt this Period
275.00

C.

Full Name (Last, First, Middle Initial)
Gregory Michael Bricca

Mailing Address 220 Plio Ct

City State Zip Code
El Dorado Hills CA 95762-4498

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 ▼
251.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2011

Transaction ID: AE844C7822B1C4568816

Amount of Each Receipt this Period
251.00

SUBTOTAL of Receipts This Page (optional) ► **776.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27
(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.

Full Name (Last, First, Middle Initial)
Lisa M. Gruson

Mailing Address 330 E 70th St

City State Zip Code
New York NY 10021-8634

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
07 / 07 / 2011

Transaction ID: A02EB982B9E9A4296973

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Schield M. Wikas

Mailing Address 421 Graham Rd
Ste C

City State Zip Code
Cuyahoga Falls OH 44221-1344

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

Name of Employer
Tri County Dermatology In-
c.

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2011

Transaction ID: A53196D3439EF4CC9846

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Beth Rigel

Mailing Address 300 E 85th St
Apt 1604

City State Zip Code
New York NY 10028-4594

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

Name of Employer
Self Employed

Occupation
planner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2011

Transaction ID: A6F5A17F861DF46F2986

Amount of Each Receipt this Period
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 27
(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.

Full Name (Last, First, Middle Initial)
Mary Lou Courrage

Mailing Address 1905 Princess St

City State Zip Code
Wilmington NC 28405-2938

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

Name of Employer Occupation
Family Dermatology of Wilmington Physician

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: A410522C5CDA94E1CBDO

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jeanine B. Downie

Mailing Address 5 Pring Ct

City State Zip Code
West Orange NJ 07052-2173

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

Name of Employer Occupation
Image Dermatology P.C. Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1700.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: AF79E6426872B4EC3B69

Amount of Each Receipt this Period
1500.00

C.

Full Name (Last, First, Middle Initial)
Scott Robert Florell

Mailing Address 2047 Redondo Pl

City State Zip Code
Salt Lake City UT 84108-3123

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

Name of Employer Occupation
U of Utah Health Sciences Center Dermatologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2011

Transaction ID: A51F9C7E897DC41D9939

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 2115.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 27
(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 (SkinPAC)

A. Full Name (Last, First, Middle Initial)
Dr. Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Dr

City Birmingham State AL Zip Code 35244-1639

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

Name of Employer: Martin Dermatology and Sk-in Wellness
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 14 / 2011
Transaction ID: ADA0BCBE100404D30B76
 Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Clay J Cockerell

Mailing Address 4312 Arcady

City Dallas State TX Zip Code 75205-3704

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

Name of Employer: Cockerell & Associates
Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: 07 / 14 / 2011
Transaction ID: ACEBAE97D3EF443DF95E
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jon Ryan Ward

Mailing Address 114 Bid A Wee Ln

City Panama City Beach State FL Zip Code 32413-2761

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

Name of Employer: Gulf Coast Dermatology
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 14 / 2011
Transaction ID: AFE7C62A3B1C846FDBBA
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 14 / 27
	<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.	Full Name (Last, First, Middle Initial) Charity Foster McConnell		Date of Receipt	
	Mailing Address 5095 Heathrow Blvd		M M / D D / Y Y Y Y 07 / 14 / 2011	
	City	State	Zip Code	Transaction ID: AF5615C9502E345E0801
	Brentwood	TN	37027-6538	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer Franklin Dermatology Group, PLC		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Marc E. Boddicker		Date of Receipt	
	Mailing Address 705 Columbus St		M M / D D / Y Y Y Y 07 / 14 / 2011	
	City	State	Zip Code	Transaction ID: A7FAC735009A44A6B801
	Rapid City	SD	57701-3623	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Advanced Dermatology Center, PC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00		

C.	Full Name (Last, First, Middle Initial) Ms. Karen Collishaw		Date of Receipt	
	Mailing Address 3 Thorburn Road		M M / D D / Y Y Y Y 07 / 14 / 2011	
	City	State	Zip Code	Transaction ID: A13D4E5F1FDFA4F359D2
	Gaithersburg	MD	20878-2627	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		84.00		
Name of Employer American Academy of Dermatology		Occupation Association Management		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 588.00		

SUBTOTAL of Receipts This Page (optional)	▶	684.00
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 15 / 27
	<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.	Full Name (Last, First, Middle Initial) Ms. Barbara Greenan		Date of Receipt
	Mailing Address 9418 Balfour Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2011
	City	State	Zip Code
	Bethesda	MD	20814-5710
	FEC ID number of contributing federal political committee. C		Transaction ID: ABE2DB4901D1B44ADAE0
Name of Employer American Academy of Dermatology		Occupation Association Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 45.46
		<input type="text"/> 272.76	

B.	Full Name (Last, First, Middle Initial) Sandra I. Read		Date of Receipt
	Mailing Address 6915 Radnor Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2011
	City	State	Zip Code
	Bethesda	MD	20817-6328
	FEC ID number of contributing federal political committee. C		Transaction ID: ACC14AF1D4F4A4833BF8
Name of Employer Self Employed		Occupation INVESTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 454.55
		<input type="text"/> 2727.30	

C.	Full Name (Last, First, Middle Initial) Stephen P. Stone		Date of Receipt
	Mailing Address 2021 S Wiggins Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2011
	City	State	Zip Code
	Springfield	IL	62704-3338
	FEC ID number of contributing federal political committee. C		Transaction ID: AA0917FEDC0F64A0B871
Name of Employer SIU School of Medicine Div of Dermatol		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 2000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1000.01
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 27
	<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.	Full Name (Last, First, Middle Initial) Hazle Smith Konerding		Date of Receipt
	Mailing Address 205 Cyril Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 14 / 2011
	City	State	Zip Code
	Henrico	VA	23229-7740
	FEC ID number of contributing federal political committee. C		Transaction ID: A728524C896064B69863
Name of Employer Commonwealth Dermatology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 417.00
		<input type="text"/> 2919.00	

B.	Full Name (Last, First, Middle Initial) John P. Hibler		Date of Receipt
	Mailing Address 3096 Maple Creek Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 18 / 2011
	City	State	Zip Code
	Zanesville	OH	43701-7583
	FEC ID number of contributing federal political committee. C		Transaction ID: A37A121A77D8F4DDDA47
Name of Employer DOSO		Occupation Dernatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

C.	Full Name (Last, First, Middle Initial) Eric R. Howell		Date of Receipt
	Mailing Address 3952 Colony Woods Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 18 / 2011
	City	State	Zip Code
	Greenville	NC	27834-6857
	FEC ID number of contributing federal political committee. C		Transaction ID: AA80ECB35B61C4D73B31
Name of Employer Eastern Dermatology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1147.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 27
	<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.	Full Name (Last, First, Middle Initial) Josephine Chu McAllister	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 9 Sanctuary Dr Apt 1	Transaction ID: A2D582726C0E742E2AE6
	City Ithaca State NY Zip Code 14850-1976	Amount of Each Receipt this Period 365.00
	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) <input type="checkbox"/> Aggregate Year-to-Date 365.00	

B.	Full Name (Last, First, Middle Initial) Thomas J. Matzke	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 4656 40th Ave S	Transaction ID: ACBA5FED455F9433AB3D
	City Fargo State ND Zip Code 58104-4397	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Sanford Health Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 365.00	

C.	Full Name (Last, First, Middle Initial) Sara A. Mills	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 2629 Cutler Ave NE	Transaction ID: AE17E4BDE3AB344F9B4A
	City Albuquerque State NM Zip Code 87106-2511	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Western Dermatology Consultants, P.C. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 365.00	

SUBTOTAL of Receipts This Page (optional)	1095.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 27
(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.

Full Name (Last, First, Middle Initial)
Bruce W. Fuller

Mailing Address 1201 Coral Way S

City State Zip Code
Saint Petersburg FL 33705-6185

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

Name of Employer Occupation
Manatee Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2011

Transaction ID: A96FBFAE8F04146C9B68

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Susan T. Nedorost

Mailing Address 1891 E 119th St

City State Zip Code
Cleveland OH 44106-1988

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

Name of Employer Occupation
University Hospitals Phys-ician Service Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2011

Transaction ID: AF9FC904C571B4119B79

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey Phillip Callen

Mailing Address 4516 Ivy Crest Circle

City State Zip Code
Louisville KY 40241-6436

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

Name of Employer Occupation
Associates in Dermatology Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2011

Transaction ID: A881C569283824BA8AF0

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 27
	<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.	Full Name (Last, First, Middle Initial) Peterson Pierre	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 2141 Speck Ln	Transaction ID: A2A7707390C43415BBD9
	City State Zip Code Newbury Park CA 91320-4519	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pierre Skin Care Institute Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Deborah L. Schappell	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 274 Jordan Rd	Transaction ID: ABB93B41BF73E4A5DA91
	City State Zip Code South Dartmouth MA 02748-1304	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Darmouth Dermatology Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Roberty S. Baer	Date of Receipt MM / DD / YYYY 07 / 18 / 2011
	Mailing Address 556 S Atlantic Ave	Transaction ID: A2A612BAA3C9F4FEB8C1
	City State Zip Code Virginia Beach VA 23451-3615	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pariser Dermatology Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	980.00
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 20 / 27
	<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.	Full Name (Last, First, Middle Initial) Christopher William Robb		Date of Receipt
	Mailing Address 2014 Gweneth Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Spring Hill	TN	37174-7488
	FEC ID number of contributing federal political committee. C		Transaction ID: AAA3072272ED841A2BB5
Name of Employer Skin and Allergy Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 365.00	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Neldagae Smith Chisa		Date of Receipt
	Mailing Address 572 Cambridge Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bloomfield Hills	MI	48304-3816
	FEC ID number of contributing federal political committee. C		Transaction ID: AA13A6D9D4E4C4C7A975
Name of Employer Oakland Dermatology Associates		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Stephen Howard Mandy		Date of Receipt
	Mailing Address 1000 S Pointe Dr Apt 1404 Apt 1404		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Miami Beach	FL	33139-7343
	FEC ID number of contributing federal political committee. C		Transaction ID: AAE65C4182EBD4C35BB9
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1000.00	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1865.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 27
	<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.	Full Name (Last, First, Middle Initial) Diane Romayne Baker		Date of Receipt MM / DD / YYYY 07 / 20 / 2011		
	Mailing Address 1055 Englewood Dr		Transaction ID: A226CF3C88C4B4C88BBC		
	City Lake Oswego	State OR	Zip Code 97034-1109	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Baker Allergy, Asthma and Dermatology	Occupation Physician	Aggregate Year-to-Date 1000.00		

B.	Full Name (Last, First, Middle Initial) Sean F. Pattee		Date of Receipt MM / DD / YYYY 07 / 20 / 2011		
	Mailing Address 1348 N Union Rd		Transaction ID: A550367D111494645834		
	City Manitowoc	State WI	Zip Code 54220-9451	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates of Wisconsin, S	Occupation Physician	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Alexander Evan Ehrlich		Date of Receipt MM / DD / YYYY 07 / 20 / 2011		
	Mailing Address 1900 Rittenhouse Sq Ste 4		Transaction ID: A5F475753B1954F81856		
	City Philadelphia	State PA	Zip Code 19103-5767	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 250.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 27
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Dr. Diane Maiwald		Date of Receipt MM / DD / YYYY 07 / 25 / 2011
Mailing Address 284 Oakwood Rd		Transaction ID: AE6049D8C036D4DA583A
City Huntington Station	State Zip Code NY 11746-7211	
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	

B.

Full Name (Last, First, Middle Initial) Carl A. Johnson		Date of Receipt MM / DD / YYYY 07 / 25 / 2011
Mailing Address 2610 Blossom St		Transaction ID: A1D5A217F895C408491C
City Columbia	State Zip Code SC 29205-2308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 375.00	

C.

Full Name (Last, First, Middle Initial) David J. Goldberg		Date of Receipt MM / DD / YYYY 07 / 25 / 2011
Mailing Address 78 Fox Hepe Road		Transaction ID: A6704ED63C4E04F02AAC
City Saddle River	State Zip Code NJ 07458	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Skin Laser & Surgery Specialists of NJ	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)	▶	1375.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 27

(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.

Full Name (Last, First, Middle Initial)

David James MacGregor

Mailing Address 330 Chestnut St

City

San Francisco

State

CA

Zip Code

94133-2421

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

MM / DD / YYYY
07 / 27 / 2011

Transaction ID: A2086254E7DAB49DF9F7

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert P. Heidelberg

Mailing Address 1470 Balmoral Dr

City

Detroit

State

MI

Zip Code

48203-1443

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

MM / DD / YYYY
07 / 27 / 2011

Transaction ID: AE2C6A5C33D0A4FD9952

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

David C. Gorsulowsky

Mailing Address 147 Degas Rd

City

Portola Valley

State

CA

Zip Code

94028-7708

FEC ID number of contributing federal political committee.

C

Name of Employer
Fremont Dermatology

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

MM / DD / YYYY
07 / 27 / 2011

Transaction ID: AA1F9603E042D461CA28

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

955.00

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 24 / 27
	<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.	Full Name (Last, First, Middle Initial) Dr. Anne Laumann		Date of Receipt		
	Mailing Address 21 E Huron St Apt 2705		M M / D D / Y Y Y Y 07 / 27 / 2011		
	City Chicago	State IL	Zip Code 60611-3930	Transaction ID: A2F4FABC254A14FA1B2D	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00		
	Name of Employer Northwestern Medical Faculty Foundation	Occupation Physician	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Gale B. Oleson		Date of Receipt		
	Mailing Address PO Box 39		M M / D D / Y Y Y Y 07 / 27 / 2011		
	City Blue Springs	State MO	Zip Code 64013-0039	Transaction ID: A25C457C5352F465A938	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00		
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Angela R. Peterman		Date of Receipt		
	Mailing Address 520 Horn Point Dr		M M / D D / Y Y Y Y 07 / 27 / 2011		
	City Annapolis	State MD	Zip Code 21403-3326	Transaction ID: A80494517194A4BADABD	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1200.00		
	Name of Employer Anne Arundel Dermatology	Occupation Dermatologist	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 27
(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.

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

Mailing Address PO Box 946

City Rancho Santa Fe State CA Zip Code 92067-0946

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

Name of Employer Scripps Clinic Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 27 / 2011
Transaction ID: A66BF9BDF7AF4786B55
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Marilyn R. Capek

Mailing Address 955 Main St Ste 308

City Winchester State MA Zip Code 01890-4303

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: 07 / 28 / 2011
Transaction ID: AEB1A73666506412B825
Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Ms. Eileen Murray

Mailing Address 400 N La Salle Dr Apt 2601

City Chicago State IL Zip Code 60654-8530

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 ▼ 250.00

Date of Receipt: 07 / 28 / 2011
Transaction ID: A4E72A4767E91463097F
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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 27
	(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.

Full Name (Last, First, Middle Initial) Stuart M. Brown		Date of Receipt MM / DD / YYYY 07 / 28 / 2011
Mailing Address 12508 Matisse Ln		Transaction ID: A4680092929264344920
City Dallas	State Zip Code TX 75230-1742	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Raymond L. Cornelison, Jr.		Date of Receipt MM / DD / YYYY 07 / 28 / 2011
Mailing Address 1716 Elmhurst Ave		Transaction ID: A562F0BAD34A14E56812
City Nichols Hills	State Zip Code OK 73120-1012	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Dermatology Assocaites	Occupation Physician	Aggregate Year-to-Date ▼ 1250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	29307.01

**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 27 / 27

<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)

A.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE6BC528D23BB4B488B0 Date of Disbursement 07 / 01 / 2011 <hr/> Amount of Each Disbursement this Period 257.78
B.	Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address PO Box 6603 <hr/> City Hagerstown State MD Zip Code 21741-6603 <hr/> Purpose of Disbursement VS / MC Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9713CB43EA554748AA7 Date of Disbursement 07 / 06 / 2011 <hr/> Amount of Each Disbursement this Period 352.21
C.	Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address PO Box 6603 <hr/> City Hagerstown State MD Zip Code 21741-6603 <hr/> Purpose of Disbursement Aristotle Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4609829809C34283A3A Date of Disbursement 07 / 26 / 2011 <hr/> Amount of Each Disbursement this Period 204.50

SUBTOTAL of Disbursements This Page (optional) ▶

814.49

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

814.49