REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 SEP 25 P 2:40

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Academy of Dermatology Assoc.
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1350 I Street NW, Suite 880

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00359539

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☒ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b). Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 8/1/00 through 8/31/00		$ 0.00
6. (a) Cash on Hand January 1, 19 2000	$ 0.00	
(b) Cash on Hand at Beginning of Reporting Period	$ 16,200.00	$ 16,200.00
(c) Total Receipts (from Line 19)	$ 16,200.00	$ 16,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,000.00	$ 1,000.00
7. Total Disbursements (from Line 30)	$ 15,200.00	$ 15,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 0.00	
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)		

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

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: Thomas P. Conway

Signature of Treasurer: Thomas P. Conway

Date: 9/13/00

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Academy of Dermatology Assoc. Political Action Committee

REPORT COVERING PERIOD FROM 8/1/00 TO: 8/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	14,050.00	14,050.00	11(a)(i)
i. Itemized (use Schedule A)	2,150.00	2,150.00	11(a)(ii)
ii. Unitemized	16,200.00	16,200.00	11(a)(iii)
iii. Total ... (add i and ii) ➤	0.00	0.00	11(b)
b. Political Party Committees	00.00	0.00	11(c)
c. Other Political Committees (such as PACs)	16,200.00	16,200.00	11(d)
d. Total Contributions ... (add a iii, b and c) ➤	0.00	0.00	12
12. Transfers From Affiliated/Other Party Committees	00.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	0.00		19
19. Total Receipts ... (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,200.00	16,200.00	20
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	16,200.00	16,200.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	0.00	0.00	21(b)
b. Other Federal Operating Expenditures	0.00	0.00	21(c)
c. Total Operating Expenditures ... (add a i, a ii, and b) ➤	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	1,000.00	1,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made	0.00	0.00	
28. Refunds of Contributions To:			28(a)
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(b)
b. Political Party Committees	0.00	0.00	28(c)
c. Other Political Committees (such as PACs)	0.00	0.00	28(d)
d. Total Contribution Refunds ... (add a, b and c) ➤	0.00	0.00	29
29. Other Disbursements	1,000.00	1,000.00	30
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,000.00	1,000.00	31
31. Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	16,200.00	16,200.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	16,200.00	16,200.00	34
35. Total Federal Operating Expenditures ... (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures ... (subtract line 36 from 35) ➤	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Steven M. Rice, M.D. 1686 Joeline Court Winter Park, FL 32789	Self Employed Physician-Derm	8/4/00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. William J. Farrell, M.D. 222 N. 2nd St. #303 Boise, ID 83702	Self Employed Dermatologist	8/7/00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. William Patrick Davey, M.D. 807 South Limestone St. Lexington, KY 40508	Dermatology Ass. of Kentucky Dermatologist	8/9/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
D. Thomas G. Olsen, M.D. 7835 Paragon Road Dayton, OH 45459	Dermatopathology Laboratory of Central States Physician	8/10/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
E. Marc. J. Sorkin, M.D. 6633 S. Prescott Way Littleton, Co 80120	Self Employed Physician	8/10/00	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $500.00		
F. June R. Robinson, M.D. 132 E. Delaware Place #5806 Chicago, IL 60611	Loyola University of Chicago Physician	8/10/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
G. William S. Sawchuk, M.D. 6319 Castle Place, 2C Falls Church, VA 22044	Self Employed Dermatologist	8/10/00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) $4,250.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Melanie Dillenberg, M.D. 7915 Hampton Place Birmingham, AL 35242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dermatology Assoc. Occupation: Dermatologist Aggregate Year-to-Date > $ 250.00	8/10/00	$250.00
B. Paul Kechijian, M.D. 22 Willets Lane Manhasset, NY 11021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Selfemployed Occupation: Dermatologist Aggregate Year-to-Date > $ 250.00	8/10/00	$250.00
C. Darnell L. Martin, M.D. 41 Mc Intyre Ct. Golden, CO 80401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alpine Dermatology Occupation: Dermatologist Aggregate Year-to-Date > $ 250.00	8/10/00	$250.00
D. Lenore S. Kakita, M.D. 1818 Verdugo Blvd, Suite 402 Glendale, CA 91208-1436 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	8/11/00	$1,000.00
E. Ralph Myrow, M.D. 390 Old Hook Road westwood, NJ 07675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Westwood Dermatology Group Occupation: Physician Aggregate Year-to-Date > $ 300.00	8/11/00	$300.00
F. Peter A. Donelan, M.D. 3000 E. Fletcher, Suite 200 Tampa, FL 33613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	8/11/00	$1,000.00
G. Stephen B. Webster, M.D. 1836 South Ave. Gunderson Clinic LaCrosse, WI 54601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gunderson-Lutheran Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	8/11/00	$1,000.00

SUBTOTAL of Receipts This Page (optional) $4,050.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4

FOR LINE NUMBER 11(a)(1)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harold J. Brody, M.D. 478 Peachtree St. NE #711-A Atlanta, GA 30308	Self Employed Physician	8/11/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $1,000.00		
B. Nora Maya Kachaturoff, M.D. 18400 Mack Avenue Grosse Pointe, Farms, MI 48236	Self Employed Physician	8/11/00	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $500.00		
C. Gregory M. Borsuk, M.D. 1416 Hooper Ave. Toms River, NJ 08753	Self Employed Physician	8/14/00	$250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $250.00		
D. Billie L. Jackson, M.D., L.L.C. 440 Charter Blvd., Ste. 2201 Macon, GA 31210-0706	Self Employed Physician	8/15/00	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $500.00		
E. Stephen H. Mandy, M.D. 430 W. Main St. Aspen, CO 81611	Self Employed Dermatologist	8/15/00	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $500.00		
F. Rodney S.W. Basler, M.D. 2625 Stockwell Lincoln, NE 68502	Self Employed Dermatologist	8/17/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $1,000.00		
G. William M. Ramsdell, M.D. 4207 James Casey, Suite #317 Austin, TX 78745	Self Employed Physician	8/25/00	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $1,000.00		

SUBTOTAL of Receipts This Page (optional) $4,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jay G. Barnett, M.D. 163A East 70th Street New York, NY 10021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Employed Dermatologist Aggregate Year-to-Date > $ 1,000.00	8/28/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$1,000.00
TOTAL This Period (last page this line number only)	$14,050.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike DeWine DeWine for US Senate 145 E. Rich Street Columbus, OH 43215	Mike DeWine, US Senate Candidate Ohio Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/24/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$1,000.00
TOTAL This Period (last page this line number only)	$1,000.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 9-19-02
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Jmp
PREPARER

9-25-02
DATE PREPARED

(6/2000)