

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) 1350 I St NW Ste 870 Washington DC 20005 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2009 through 09 30 2009

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 J. Debnar Signature of Treasurer Electronically Filed by Steven J. Debnar Date 10 13 2009

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 FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		247678.13
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	218896.29									
(c) Total Receipts (from Line 19) .....	53597.00	260003.68								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	272493.29	507681.81								
7. Total Disbursements (from Line 31) .....	33969.43	269157.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	238523.86	238523.86								
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

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) .....	45468.00	200955.51
(ii) Unitemized .....	8129.00	59048.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	53597.00	260003.68
(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) .....	53597.00	260003.68
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)) .....	53597.00	260003.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53597.00	260003.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	469.43	3656.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	469.43	3656.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	265500.00
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	1.00
(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	1.00
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))..	33969.43	269157.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33969.43	269157.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	53597.00	260003.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53597.00	260002.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	469.43	3656.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	469.43	3656.95

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 47  
(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) Christopher J. Arpey		Date of Receipt MM / DD / YYYY 09 / 03 / 2009
Mailing Address Dept of Dermatology 200 Hawkins Dr		<b>Transaction ID:</b> 963D442989573BBA6B2
City Iowa City	State Zip Code IA 52242-1009	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer U of Iowa Hospitals	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Maryam Mandana Asgari		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
Mailing Address 852 Los Robles Ave		<b>Transaction ID:</b> 6FA9DEED65FB86D3F8A
City Palo Alto	State Zip Code CA 94306-3124	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Kaiser	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) David S. Balle		Date of Receipt MM / DD / YYYY 09 / 03 / 2009
Mailing Address 18050 Mack Ave		<b>Transaction ID:</b> 63397CD1F0E8A17C944
City Grosse Pointe	State Zip Code MI 48230-6235	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Grosse Pointe Dermatology Assoc.	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<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 / 47
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark R. Balle		Date of Receipt MM / DD / YYYY 09 / 03 / 2009		
	Mailing Address 607 Canterbury Rd		<b>Transaction ID:</b> 80CF4BBA0D1E43D6052		
	City Grosse Pointe Wood	State MI	Zip Code 48236-1248	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Henry Ford Medical Center-Columbus	Occupation Physician	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Jay G. Barnett		Date of Receipt MM / DD / YYYY 09 / 03 / 2009		
	Mailing Address 163A E 70th St		<b>Transaction ID:</b> B0AC515BF164C1D1B8D		
	City New York	State NY	Zip Code 10021-5162	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Barnett Dermatology	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Diane M. Bernardi		Date of Receipt MM / DD / YYYY 09 / 09 / 2009		
	Mailing Address 12277 County Road E35		<b>Transaction ID:</b> 1E73F77999551497038		
	City Bryan	State OH	Zip Code 43506-8309	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<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 9 / 47  
(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)  
Benjamin D. Bernstein

Mailing Address 5136 Elder Rd

City Hydes State MD Zip Code 21082-9550

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2009

Transaction ID: 5D860002EF93ECD56F7

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth B. Bielinski

Mailing Address 714 Colony Ln

City Frankfort State IL Zip Code 60423-9519

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 16 / 2009

Transaction ID: 099FAB20D324DEDA51A

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Christine Bienenfeld

Mailing Address 4105 Glencove Ct

City Winston Salem State NC Zip Code 27106-4782

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

Name of Employer Winston-Salem Dermatology & Surgery Ce Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 17 / 2009

Transaction ID: 43A621D131EB5EA58B2

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47  
(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) John Q. Binhlam		Date of Receipt MM / DD / YYYY 09 / 17 / 2009	
Mailing Address 5158 Remington Dr		<b>Transaction ID:</b> 3C516EE4CAA57C07CAC	
City Brentwood	State TN	Zip Code 37027-3001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advanced Skin & Laser Center	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) Marc E. Boddicker		Date of Receipt MM / DD / YYYY 09 / 03 / 2009	
Mailing Address 705 Columbus St		<b>Transaction ID:</b> 616981ADA0F9E0394CD	
City Rapid City	State SD	Zip Code 57701-3623	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00	PayPal	

**C.**

Full Name (Last, First, Middle Initial) Martin Alan Braun		Date of Receipt MM / DD / YYYY 09 / 10 / 2009	
Mailing Address 302 Buxton Rd		<b>Transaction ID:</b> D9FB961B9397C8397F5	
City Falls Church	State VA	Zip Code 22046-3618	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1615.00
<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 11 / 47  
(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)  
Carmen David Campanelli

Mailing Address 14 Shadow Ln

City State Zip Code  
Chadds Ford PA 19317-9334

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

Name of Employer Occupation  
Yardley Dermatology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** FD0941BA68EDF27946D

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Katarina Gabrielle Chiller

Mailing Address 780 Stovall Blvd NE

City State Zip Code  
Atlanta GA 30342-3928

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

Name of Employer Occupation  
Atlanta Skin Cancer Specialists, P.C. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

**Transaction ID:** D7637F3B5478E35FD0E

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Justin Wayne Clark

Mailing Address 4809 103rd St

City State Zip Code  
Lubbock TX 79424-5723

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

Name of Employer Occupation  
Lubbock Dermatology Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** D5E7AC474B9C2FE807D

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1115.00**

**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 / 47  
(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 J. clemons

Mailing Address 304 Corinne Cir

City State Zip Code  
Shreveport LA 71106-6004

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  
M M / D D / Y Y Y Y Y  
09 / 03 / 2009

**Transaction ID:** A6EF0DAF7F3FBE8A2BC

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Karen Collishaw

Mailing Address Ste 870  
1350 I St NW

City State Zip Code  
Washington DC 20005-3387

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 ▼  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 15 / 2009

**Transaction ID:** 848B11C662FC37A4A3C

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Adrian L. Connolly

Mailing Address Ste 503  
101 Old Short Hills Rd

City State Zip Code  
West Orange NJ 07052-1023

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2009

**Transaction ID:** 71A1936D842FF8E1FCA

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **915.00**

**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 / 47  
(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)  
Raymond L. Cornelison, JR.  
Mailing Address 1716 Elmhurst Ave  
City Nichols Hills State OK Zip Code 73120-1012  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Oklahoma Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00  
Date of Receipt 09 / 15 / 2009  
Transaction ID: E538C05B7F08E87B5C6  
Amount of Each Receipt this Period 1250.00

**B.** Full Name (Last, First, Middle Initial)  
Terrence A. Cronin, JR.  
Mailing Address 1399 S Harbor City Blvd  
City Melbourne State FL Zip Code 32901-3208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cronin Skin Cancer Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 17 / 2009  
Transaction ID: 646558D9CB2390EC189  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Irene Crosby  
Mailing Address 12401 SW Terwilliger Blvd  
City Portland State OR Zip Code 97219-8337  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 09 / 17 / 2009  
Transaction ID: 354E99C580AAB962754  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**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 14 / 47

(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)

Fernando R. DeCastro

Mailing Address 250 Fountain Ct

City

Lexington

State

KY

Zip Code

40509-1888

FEC ID number of contributing federal political committee.

C

Name of Employer  
Dermatology Associates of  
Kentucky

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2009

Transaction ID: 290577F14741611F828

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Magaly Patricia Del Monaco

Mailing Address 1 Bramley Rd

City

Moorestown

State

NJ

Zip Code

08057-3861

FEC ID number of contributing federal political committee.

C

Name of Employer  
American Dermatology & Co-  
s.

Occupation  
Dermatologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
09 / 09 / 2009

Transaction ID: 2D0FDF4E9800D6E4F3C

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

John D. DeSpain

Mailing Address 1800 Glenbrook Ct

City

Columbia

State

MO

Zip Code

65203-5341

FEC ID number of contributing federal political committee.

C

Name of Employer  
DeSpain Dermatology Center

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
09 / 03 / 2009

Transaction ID: 813B47A637B67414933

Amount of Each Receipt this Period

500.00

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

1115.00

**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 / 47
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Brenda Jean Dintiman		Date of Receipt	
	Mailing Address Ste 403 3700 Joseph Siewick Dr		M M / D D / Y Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> OC7F759B01ACD2684F1
	Fairfax	VA	22033-1745	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		300.00	
Name of Employer Fair Oaks Skin Care Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Glenn A. Dobecki		Date of Receipt	
	Mailing Address 571 Main St		M M / D D / Y Y Y Y Y 09 / 03 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> 8660B1A34E20C1A34A8
	South Weymouth	MA	02190-1843	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		250.00	
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 ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lynn Annette Drake		Date of Receipt	
	Mailing Address 5432 Golf Club Dr		M M / D D / Y Y Y Y Y 09 / 17 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> DFF350657DD23959839
	Braselton	GA	30517-2424	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		300.00	
Name of Employer Partners Healthcare		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<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 16 / 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) John Charles Dumler, JR.	Date of Receipt MM / DD / YYYY 09 / 10 / 2009
	Mailing Address 2054 Pro Pointe Ln	<b>Transaction ID:</b> 3105572C5E47BE1E3E7
	City State Zip Code Harrisonburg VA 22801-8021	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul T. Dunn	Date of Receipt MM / DD / YYYY 09 / 03 / 2009
	Mailing Address 2202 S Ridgemont Ln	<b>Transaction ID:</b> 71BC331069552D82400
	City State Zip Code Spokane Valley WA 99037-8031	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Advanced Dermatology & Sk- in Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karen E. Edison	Date of Receipt MM / DD / YYYY 09 / 17 / 2009
	Mailing Address 9500 W Terrapin Ridge Rd	<b>Transaction ID:</b> AD3D382AD6AEE086074
	City State Zip Code Columbia MO 65203-9661	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of Missouri Health Care Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</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 17 / 47
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Paul Ford		Date of Receipt MM / DD / YYYY 09 / 28 / 2009		
	Mailing Address 2405 Johns Aly		<b>Transaction ID:</b> ADEDDC14BE2FD1EF6CC		
	City Lake Charles	State LA	Zip Code 70605-4027	Amount of Each Receipt this Period 333.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates of SWLA		Occupation Dematologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Virginia Rutledge Forney		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 59 E Park Ln NE		<b>Transaction ID:</b> B0CE28ED7A0E1575706		
	City Atlanta	State GA	Zip Code 30309-2725	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ilona J. Frieden		Date of Receipt MM / DD / YYYY 09 / 16 / 2009		
	Mailing Address 811 Paramount Rd		<b>Transaction ID:</b> 34AD74E900DED6C0D25		
	City Oakland	State CA	Zip Code 94610-2436	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of California		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1583.00
<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 18 / 47  
(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)  
Anna Demirdjian Guanche  
Mailing Address 24948 Lorenzo Ct  
City Calabasas State CA Zip Code 91302-3088  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bella Skin Institute Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 16 / 2009  
Transaction ID: A6435C5BCE855F96983  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin A. Guidry  
Mailing Address 4036 Barbe Wood Dr  
City Lake Charles State LA Zip Code 70605-2316  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dermatology Associate of SWLA Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.00  
Date of Receipt 09 / 28 / 2009  
Transaction ID: 552F8E757EA7F86E5A4  
Amount of Each Receipt this Period 333.00

**C.** Full Name (Last, First, Middle Initial)  
Victoria Gunn  
Mailing Address 2707 W Edgewood Dr Ste 102  
City Jefferson City State MO Zip Code 65109-5886  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Missouri Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 25 / 2009  
Transaction ID: A919BFDA8996EE3FC18  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 833.00  
**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 19 / 47  
(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)  
Brian A. Harris

Mailing Address 14929 Caleb Dr

City State Zip Code  
Fort Myers FL 33908-1644

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

Name of Employer Harris Dermatology Inc Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** 69D92DB93B5180C2A0C

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Howard Ross Harris

Mailing Address 7347 Stonegate Dr

City State Zip Code  
Naples FL 34109-7202

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  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** A574F9B74FB43671C04

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Keith A. Harris

Mailing Address 9090 Park Royal Dr

City State Zip Code  
Fort Myers FL 33908-9616

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

Name of Employer Harris Dermatology, Inc. Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** 8129D780ADA34230B1C

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 47
	<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) Ali Hendi		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
Mailing Address # 907 7710 Woodmont Ave		<b>Transaction ID:</b> 3A95E91B743327F9B55
City Bethesda	State MD	
Zip Code 20814-6004		Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Terri H. Henson		Date of Receipt MM / DD / YYYY 09 / 28 / 2009
Mailing Address 3345 Dell Glade Dr		<b>Transaction ID:</b> 4FF74CD661EA66CD368
City Memphis	State TN	
Zip Code 38111-4715		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Manuel H. Hernandez		Date of Receipt MM / DD / YYYY 09 / 03 / 2009
Mailing Address PO Box 510065		<b>Transaction ID:</b> 8361ED4D669B578525B
City Punta Gorda	State FL	
Zip Code 33951-0065		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Casa Grande Medical Plaza	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<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 21 / 47  
(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) Steven E. Hodgkin		Date of Receipt MM / DD / YYYY 09 / 03 / 2009	
Mailing Address Ste K 15366 11th St		<b>Transaction ID:</b> DB01DCE0728C9E7EFF9	
City Victorville	State CA	Zip Code 92395-3726	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Tony M. Hsu		Date of Receipt MM / DD / YYYY 09 / 10 / 2009	
Mailing Address Apt 2 7672 Amazon Dr		<b>Transaction ID:</b> 5C7C9D34027DDAF1F48	
City Huntington Beach	State CA	Zip Code 92647-8623	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**C.**

Full Name (Last, First, Middle Initial) Eva A. Hurst		Date of Receipt MM / DD / YYYY 09 / 09 / 2009	
Mailing Address 7452 University Dr		<b>Transaction ID:</b> 612546563DBD5172156	
City University City	State MO	Zip Code 63130-4026	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Washington University	Occupation Dermatologist	Aggregate Year-to-Date 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</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: PAGE 22 / 47  
(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) Dale H. Isaacson		Date of Receipt MM / DD / YYYY 09 / 09 / 2009
Mailing Address 7812 Pearson Knoll PI		<b>Transaction ID:</b> 6E81395712DB5F679E0
City Potomac	State MD	
Zip Code 20854-2999		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Drs. Isaacson & Berzin LLC	Occupation Physician	
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) David Broward Jackson		Date of Receipt MM / DD / YYYY 09 / 16 / 2009
Mailing Address 4410 Watermelon Rd		<b>Transaction ID:</b> D0C1C3A701BAB81A0AA
City Northport	State AL	
Zip Code 35473-5204		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Alabama Dermatology Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) William D. James		Date of Receipt MM / DD / YYYY 09 / 03 / 2009
Mailing Address 766 Applegate Ln		<b>Transaction ID:</b> DDDDED4B96B13C4020AC
City Bryn Mawr	State PA	
Zip Code 19010-1117		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Univ of Pennsylvania Health Systems	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1150.00</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: PAGE 23 / 47  
(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)  
Aaron K. Joseph

Mailing Address 3210 Aspen Lake Dr

City State Zip Code  
Manvel TX 77578-7817

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  
09 / 16 / 2009

**Transaction ID:** B68BBC23E291F90B4AE

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Henry Katz

Mailing Address 9801 Lake Shore Rd

City State Zip Code  
Newton WI 53063-9508

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

Name of Employer Dermatology Associates of Wisconsin Occupation  
Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** 8BE24FF9AB0419A509D

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mitchell A. Kline

Mailing Address Apt 24B  
1725 York Ave

City State Zip Code  
New York NY 10128-7812

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** BA8ABAE199D92F42162

Amount of Each Receipt this Period  
500.00

**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: PAGE 24 / 47  
(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)  
Catherine L. Laughlin

Mailing Address 4715 S Kimbrough Ave

City Springfield State MO Zip Code 65810-1853

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

Name of Employer Ferrell-Duncan Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2009

**Transaction ID:** 49FE2390B693B4F95E1

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mary E. Maloney

Mailing Address 16 Explorers Way

City Holden State MA Zip Code 01520-3408

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

Name of Employer Div of Derm, UMMHC Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2009

**Transaction ID:** 48BE17DCAE7637BD753

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Maria C. Mariencheck

Mailing Address 58 Dovecrest Cv

City Jackson State TN Zip Code 38305-6908

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

Name of Employer The Jackson Clinic Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 03 / 2009

**Transaction ID:** 79FF2BCC6F8D9D17FC2

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

**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 / 47  
(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)  
Charity Foster McConnell

Mailing Address 5095 Heathrow Blvd

City State Zip Code  
Brentwood TN 37027-6538

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

Name of Employer Franklin Dermatology Group, PLC  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** 54567D853487104ED28

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michel A. McDonald

Mailing Address 319 Lynnwood Blvd

City State Zip Code  
Nashville TN 37205-2928

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

Name of Employer Self Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2009

**Transaction ID:** 9E6515C941AA9434AF7

Amount of Each Receipt this Period  
1000.00

PayPal

**C.**

Full Name (Last, First, Middle Initial)  
Philip Dale Meador, JR.

Mailing Address 103 W Mason St

City State Zip Code  
Franklinton NC 27525-1336

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  
09 / 03 / 2009

**Transaction ID:** 81CBB94E37DEA624822

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 47  
(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)  
Cathy P. Milam

Mailing Address 1409 Hillview Dr

City State Zip Code  
Sarasota FL 34239-2025

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  
09 / 16 / 2009

**Transaction ID:** 61249F90AFF3B65D7AD

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ali Moiin

Mailing Address 1175 Three Mile Dr

City State Zip Code  
Grosse Pointe Park MI 48230-1414

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

Name of Employer A Comprehensive Dermatology Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

**Transaction ID:** 6915E1DCE295AABE142

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald L. Moy

Mailing Address 11737 Gwynne Ln

City State Zip Code  
Los Angeles CA 90077-1324

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 ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

**Transaction ID:** 0A2BC4B67558C312E0B

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 27 / 47  
(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)  
Peter J. Neidenbach

Mailing Address 110 Club Pointe Dr

City State Zip Code  
Spartanburg SC 29302-6313

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

Name of Employer Westside Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

**Transaction ID:** DB51A720A6934971B95

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Gary S. Novatt

Mailing Address 5250 Louisiana PI

City State Zip Code  
Santa Barbara CA 93111-2909

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  
09 / 03 / 2009

**Transaction ID:** E6414EC23621BFF7DC1

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Eugene J. Nowak

Mailing Address 3036 Calle Valeria

City State Zip Code  
Jamul CA 91935-3110

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

Name of Employer Nowak Aesthetics Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.50

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** D9D030E912A9B1813C3

Amount of Each Receipt this Period  
182.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **932.00**

**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 28 / 47  
(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)  
Christopher Imafidon Obeime

Mailing Address 9742 Summerlakes Dr

City State Zip Code  
Carmel IN 46032-9396

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** 6A7F413FFB66CBED969

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Julia K. Padgett

Mailing Address 12805 Saddleseat Pl

City State Zip Code  
Richmond VA 23233-7687

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

Name of Employer University of Virginia Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 03 / 2009

**Transaction ID:** 5A558BD8C5B18831EFA

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
David Michael Pariser

Mailing Address 933 Winthrope Dr

City State Zip Code  
Virginia Beach VA 23452-3936

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

Name of Employer Pariser Dermatology Specialist, Ltd Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt M M / D D / Y Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** 84255E293FBF0DCD4E4

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**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 29 / 47  
(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 Blake Pharis

Mailing Address 4659 Club Cir NE

City Atlanta State GA Zip Code 30319-1055

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 09 / 09 / 2009  
**Transaction ID: 38ECA184C9DD5AE4AEF**  
Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Llewellyn Phillips, II

Mailing Address Ste 200  
4509 Talbot Rd S

City Renton State WA Zip Code 98055-6294

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2009  
**Transaction ID: E8DBF863B7D836FE017**  
Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Chad L. Prather

Mailing Address 1737 May St

City Baton Rouge State LA Zip Code 70808-2074

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

Name of Employer Dermasurgery Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2009  
**Transaction ID: FFB40F4771004ED296C**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1165.00**

**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 30 / 47  
(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)  
Hobart K. Richey

Mailing Address 443 Anchorage Dr

City State Zip Code  
Nokomis FL 34275-3102

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** E31046CA3B1C15A03A4

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Wendy E. Roberts

Mailing Address Ste 101  
72-301 Country Club Dr

City State Zip Code  
Rancho Mirage CA 92270-8007

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

Name of Employer Desert Dermatology Medical Assocs Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 16 / 2009

**Transaction ID:** E207880FF47DC5331B4

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Anna M. Sarno Ryan

Mailing Address 169 Fleming St

City State Zip Code  
Manchester NH 03104-4754

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  
09 / 09 / 2009

**Transaction ID:** FF98E26FF50B7C7F0D7

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 47

(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)

Sarah K. Short Sarbacker

Mailing Address 1309 S Jefferson Ave

City State Zip Code  
Sioux Falls SD 57105-0229

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2009

Transaction ID: 41D147D432D350AD551

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew P. Shaffer

Mailing Address 23 Crestview Dr

City State Zip Code  
Salina KS 67401-3587

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 ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2009

Transaction ID: 7E34332483DAF5459EA

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Karl W. Siebe

Mailing Address 11618 Woods Bay Ln

City State Zip Code  
Indianapolis IN 46236-8367

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

Name of Employer Self Employed Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2009

Transaction ID: E7029ED48EDF764DFDE

Amount of Each Receipt this Period

250.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 47  
(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 N. Silvers

Mailing Address 1045 Park Ave

City State Zip Code  
New York NY 10028-1030

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

Name of Employer Occupation  
Columbia Pts Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** 8AA3FE380F3DF39D92E

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Shari L. Skinner

Mailing Address 13370 Sandy Key Ln

City State Zip Code  
Fort Myers FL 33908-1781

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

Name of Employer Occupation  
Associates in Dermatology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** DC072B65DD0261720D8

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian R. Sperber

Mailing Address 274 Balmoral Way

City State Zip Code  
Colorado Springs CO 80906-7915

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

Name of Employer Occupation  
Colorado Springs Dermatol- ogy Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** 2B4E2E2D22C4893D474

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

**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 33 / 47  
(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 B. Stewart, JR.

Mailing Address 3300 Rock Hollow Rd

City State Zip Code  
Oklahoma City OK 73120-1930

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

Name of Employer Occupation  
Stewart & Collier LLC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** ED5C574BDE77B43DCB4

Amount of Each Receipt this Period  
300.00

**B.**

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

Mailing Address 2021 S Wiggins Ave

City State Zip Code  
Springfield IL 62704-3338

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2009

**Transaction ID:** 9543F29495A9D30F725

Amount of Each Receipt this Period  
1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sabra Sullivan

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2009

**Transaction ID:** 67E26C8DED87D0FB6C

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

**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 34 / 47  
(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) Leonard J. Swinyer		Date of Receipt MM / DD / YYYY 09 / 16 / 2009
Mailing Address 4970 Waimea Way		<b>Transaction ID:</b> E619615F6909F4D4417
City Salt Lake City	State Zip Code UT 84117-6445	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Robert R. Tawil		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 3741 W Neptune St		<b>Transaction ID:</b> 4FE51EF000993C85F4A
City Tampa	State Zip Code FL 33629-5118	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) William Patrick Brown Teer		Date of Receipt MM / DD / YYYY 09 / 25 / 2009
Mailing Address 100 Windwood Dr		<b>Transaction ID:</b> 14926D7F7612D1E8FC4
City Jackson	State Zip Code TN 38305-8815	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00
Name of Employer Medical Specialty Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1650.00</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: PAGE 35 / 47  
(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)  
Kathleen Marie Ting

Mailing Address 181 Ardith Ct

City State Zip Code  
Orinda CA 94563-4344

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

**Transaction ID:** EB49003587290E08727

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Suraj S. Venna

Mailing Address Apt 1115  
2000 Broadway St

City State Zip Code  
San Francisco CA 94115-1525

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

Name of Employer Washington Cancer Institute Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

**Transaction ID:** E30108FC6D60AECCECB

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John R. West

Mailing Address 5 Egret Rd

City State Zip Code  
Mystic CT 06355-3295

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

Name of Employer Seaport Dermatology & Mohs Surgery Cen Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2009

**Transaction ID:** 22A7A8178C0DC65127A

Amount of Each Receipt this Period  
500.00

PayPal

**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 36 / 47  
(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)  
Patricia P. Westmoreland

Mailing Address 203 Lexington Place Way

City Greenville State SC Zip Code 29615-4035

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

Name of Employer Carolina Dermatology of Greenville, PA Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2009  
**Transaction ID: A50AEAC38FDD2CAD18C**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Lucile E. White

Mailing Address 3103 Jarrard St

City Houston State TX Zip Code 77005-3013

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

Name of Employer PennSurgery Associates & Pearland Derm Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 17 / 2009  
**Transaction ID: 86A3EEBE6863C82993A**  
 Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Michael C. White

Mailing Address 586 Indian Trail Rd

City Danville State VA Zip Code 24540-5217

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

Name of Employer Danville Dermatology Associates Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 03 / 2009  
**Transaction ID: E25B2715E11093C68A3**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**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 37 / 47  
(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)  
Robert J. Willard

Mailing Address 3960 S Mallard Ln

City State Zip Code  
Doylestown PA 18902-1281

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

Name of Employer Dermatology & Mohs Surgery Center, PC  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID:** 809A97A1CC1A23E3225

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dorota Michalek Wilson

Mailing Address 23 Atkinson Ln

City State Zip Code  
Newtown PA 18940-4225

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

Name of Employer Self Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID:** 80139F6AFD1A188BF13

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
George B. Winton

Mailing Address 1917 Millbrook Dr

City State Zip Code  
Johnson City TN 37604-1485

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

Name of Employer Tri-Cities Skin and Cancer  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** 8CF3566E47FB2405B51

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 38 / 47	
	(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) Cyndi Jill Yag-Howard		Date of Receipt	
Mailing Address 1340 Pelican Ave		M M / D D / Y Y Y Y Y 09 / 23 / 2009	
City	State	Zip Code	<b>Transaction ID:</b> 0D1F888660909C1931E
Naples	FL	34102-3479	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		300.00	
Name of Employer Advanced Dermatology and Skin Surgery		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Jonathan R. Zirn		Date of Receipt	
Mailing Address 47 Steep Hill Rd		M M / D D / Y Y Y Y Y 09 / 03 / 2009	
City	State	Zip Code	<b>Transaction ID:</b> 5007FC5FC5561E87818
Weston	CT	06883-1810	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00	
Name of Employer Advanced Dermcare P.C.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	45468.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 39 / 47

<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  Mailing Address PO Box 53852  City Phoenix State AZ Zip Code 85072-3852  Purpose of Disbursement Amex Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VBA93FD3C746A87DF2F1 Date of Disbursement 09 / 04 / 2009  Amount of Each Disbursement this Period 136.84  001 Category/Type
B.	Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Hagerstown State MD Zip Code 21741-6603  Purpose of Disbursement VS/MC Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V6467AC7BCDE4CD13C6A Date of Disbursement 09 / 03 / 2009  Amount of Each Disbursement this Period 30.00  001 Category/Type
C.	Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Hagerstown State MD Zip Code 21741-6603  Purpose of Disbursement VS/MC Fees Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VC431DCC36287ED515C5 Date of Disbursement 09 / 04 / 2009  Amount of Each Disbursement this Period 302.59  001 Category/Type

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

469.43

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

469.43

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 47

<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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Alamo Pac</p> <hr/> <p>Mailing Address 919 Congress Ave Suite 1400 Frost Bank Plaza</p> <hr/> <p>City Austin State TX Zip Code 78701</p> <hr/> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Alamo Pac</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 02A37C0B773356D0529</p> <p>Date of Disbursement 09 / 09 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 2500.00</p> <hr/> <p>Category/Type 011</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) America's Leadership Pac</p> <hr/> <p>Mailing Address 607 14th Street, NW, Suite 800</p> <hr/> <p>City Washington State DC Zip Code 20005</p> <hr/> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name America's Leadership Pac</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 1DFB8793B9DFBE4DA90</p> <p>Date of Disbursement 09 / 28 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 1000.00</p> <hr/> <p>Category/Type 011</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <hr/> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <hr/> <p>City Sacramento State CA Zip Code 95814</p> <hr/> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Anna G. Eshoo</p> <hr/> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 9B30082FF21E351B2D8</p> <p>Date of Disbursement 09 / 28 / 2009</p> <hr/> <p>Amount of Each Disbursement this Period 2500.00</p> <hr/> <p>Category/Type 011</p>

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

6000.00

**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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4C67537D290F5B2696</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 8B77D0E0ECF74705961</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5843C4F048AC86B82AD</p> <p>Date of Disbursement 09 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 50A518FFA0B983947BD</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cooper for Congress</p> <p>Mailing Address C/O Davidson, Golden &amp; Lundy PO Box 927</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Jim Cooper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 2630F348DA2660F60E4</p> <p>Date of Disbursement 09 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> AFF4A0DDD39DBC873A2</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 47

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 05DE498FCD21C2C97A0</p> <p>Date of Disbursement MM / DD / YYYY 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro</p> <p>Mailing Address 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> CA6B9EF3B307D32030A</p> <p>Date of Disbursement MM / DD / YYYY 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC83DC0AB8C2CD8CEA6</p> <p>Date of Disbursement MM / DD / YYYY 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 011</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3500.00
<b>TOTAL</b> 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 313 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Kirsten E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71FB1AF34007424E67F</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 313 C Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Kirsten E. Gillibrand</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9187E01338F0529475A</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Hall for Congress Committee (RALPH HALL - ROCKWALL, TEX-AS)</p> <p>Mailing Address Post Office Box 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Ralph M. Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 1806462F8579BDC1C8D</p> <p>Date of Disbursement 09 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4500.00

**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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9C09F09B2001732C07B</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nita Lowey for Congress</p> <p>Mailing Address PO Box 271</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Nita M. Lowey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 692C8ECB028F1074820</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D30F860606F8B8DD2F8</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 / 47

<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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA3A0710611F48EA682</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31683E69B78871B59F9</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Prosperity Pac</p> <p>Mailing Address 1006 Pendleton Street</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Prosperity Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> C13BCD8473B2A0E8099</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 47

<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)

A.

Full Name (Last, First, Middle Initial)  
Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2010 Primary

Candidate Name  
Richard E. Neal

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MA District: 02

Transaction ID: 56BC7280AF29FD2C3B9

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)  
Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2010 Primary

Candidate Name  
Ron Wyden

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District:

Transaction ID: 35752C425CDF6E2ED6B

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

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

2500.00

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

33500.00