

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street) 1350 I Street NW Suite 880 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, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2006 through 01 31 2006

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

Signature of Treasurer Electronically Filed by Donna Rebeck Date 02 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		99462.16
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	99462.16									
(c) Total Receipts (from Line 19)	20452.00	20452.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	119914.16	119914.16								
7. Total Disbursements (from Line 31)	341.46	341.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119572.70	119572.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: 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	15902.00	15902.00
(i) Itemized (use Schedule A)	4550.00	4550.00
(ii) Unitemized	20452.00	20452.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20452.00	20452.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20452.00	20452.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20452.00	20452.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	341.46	341.46
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	341.46	341.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	341.46	341.46

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	20452.00	20452.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20452.00	20452.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Full Name (Last, First, Middle Initial)
James B. Stewart, JR.

Mailing Address 1000 N. Lincoln Boulevard

City State Zip Code
Oklahoma City OK 73104-3252

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 ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 11866116

Amount of Each Receipt this Period
260.00

B. Full Name (Last, First, Middle Initial)
Gregory Wilkins Thompson

Mailing Address 255 Limestone Creek Rd

City State Zip Code
San Antonio TX 78232-3501

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 11865961

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William Delgado

Mailing Address 61445 Gosney Rd

City State Zip Code
Bend OR 97702-9265

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

Name of Employer Bend Dermatology Clinic, LLC
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 11866117

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	1010.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 13
	<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

A. Full Name (Last, First, Middle Initial)
William Wesley Galloway

Mailing Address 1412 W Main St

City State Zip Code
Russellville AR 72801-2818

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 11871293

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Linda Susan Marcus

Mailing Address 436 William Way N

City State Zip Code
Wyckoff NJ 07481-1710

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 ▼
255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 11871295

Amount of Each Receipt this Period
255.00

C. Full Name (Last, First, Middle Initial)
Robert J. Friedman

Mailing Address 56 Old Aspetong Rd

City State Zip Code
Katonah NY 10536-3845

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

Name of Employer Self-Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 11871294

Amount of Each Receipt this Period
251.00

SUBTOTAL of Receipts This Page (optional)	756.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Samir B. Patel		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 9517 E Kemper Rd		Transaction ID: 11871296	
City Loveland	State OH	Zip Code 45140-8953	Amount of Each Receipt this Period 260.00
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Derm & Dermatopathology, Inc.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) B. Stephen Burtis Webster		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address N2062 Wedgewood Dr E		Transaction ID: 11871445	
City La Crosse	State WI	Zip Code 54601-7175	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gundersen-Lutheran	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Rex A. Amonette		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 665 S Willett St		Transaction ID: 11916854	
City Memphis	State TN	Zip Code 38104-4932	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Memphis Dermatology Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	5510.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John K. Geisse		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 127 Hospital Drive		Transaction ID: 11916855	
City State Zip Code Vallejo CA 94589-2500	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Gregory C. Richterich		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 2153 Lakeview Dr		Transaction ID: 11916858	
City State Zip Code Eugene OR 97408-4504	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Alexander Miller		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address 5823 E Crater Lake Ave		Transaction ID: 11916861	
City State Zip Code Orange CA 92867-3314	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Alvin Henry Meyer, JR.

Mailing Address 5651 Frist Boulevard

City State Zip Code
Hermitage TN 37076-2054

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
0 1 / 1 8 / 2 0 0 6

Transaction ID: 11916860

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Diane Romayne Baker

Mailing Address 1055 Englewood Dr

City State Zip Code
Lake Oswego OR 97034-1109

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 0 / 2 0 0 6

Transaction ID: 11931881

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John C. Long, JR.

Mailing Address 2578 John Anderson Dr

City State Zip Code
Ormond Beach FL 32176-2404

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 11939659

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Erin Scott Gardner		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 315 Dickson St		Transaction ID: 11939672	
City State Zip Code Saint Louis MO 63122-4631	Amount of Each Receipt this Period 251.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 251.00		

Full Name (Last, First, Middle Initial) B. Thomas A. Van Meter		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 3865 Sunset Rd		Transaction ID: 11939671	
City State Zip Code Santa Barbara CA 93110-1540	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Clay J. Cockerell		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 4312 Arcady Ave		Transaction ID: 11939660	
City State Zip Code Dallas TX 75205-3704	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6251.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 13	
	(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"/> 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

A. Full Name (Last, First, Middle Initial)
Holly L.F. Christman

Mailing Address 490 Post Street

City State Zip Code
San Francisco CA 94102-1401

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

Name of Employer Occupation
San Francisco Dermatology Group Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 5 / 2 0 0 6

Transaction ID: 11939658

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional)	▶	275.00
TOTAL This Period (last page this line number only)	▶	15902.00

**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 13 / 13

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank One Checking

Mailing Address 111 East Busse Avenue

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 11986960

Date of Disbursement

/ /

Amount of Each Disbursement this Period

341.46

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

341.46

TOTAL This Period (last page this line number only)

341.46