REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 21 A 8:53

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00359539

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☒ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9/1/00 through 9/30/00		
6. (a) Cash on Hand January 1, 2000		$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	$ 15,200.00	
(c) Total Receipts (from Line 19)	$ 32,825.00	$ 49,025.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 48,025.00	$ 49,025.00
7. Total Disbursements (from Line 30)	$ 28,196.67	$ 29,196.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 19,828.33	$ 19,828.33
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	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas P. Conway

Signature of Treasurer Thomas P. Conway

Date 10/06/00

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

FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE American Academy of Dermatology Assoc Political Action Committee

REPORT COVERING PERIOD FROM 9/1/00 TO: 9/30/00

I.Receipts	COLUMN A TotalThisPeriod	COLUMN B CalendarYear	
11. Contributions (other than loans) From:	28,550.00	42,600.00	
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2,275.00	4,425.00	11(a)(i)
ii. Unitemized	30,825.00	47,025.00	11(a)(ii)
iii. Total (add i and ii) ➤	0.00	0.00	11(a)(iii)
b. Political Party Committees	2,000.00	2,000.00	11(b)
c. Other Political Committees (such as PACs)	32,825.00	49,025.00	11(c)
d. Total Contributions (add a III, b and c) ➤	0.00	0.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	32,825.00	49,025.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	32,825.00	49,025.00	20
II.Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	196.67	196.67	21(a)(ii)
b. Other Federal Operating Expenditures	196.67	196.67	21(b)
c. Total Operating Expenditures (add a I, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	28,000.00	29,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:	0.00	0.00	
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	28,196.67	29,196.67	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	28,196.67	29,196.67	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III.NetContributions/OperatingExpenditures			
32. Total Contributions (other than loans)(from line 11d)	32,825.00	49,025.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	32,825.00	49,025.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	196.67	196.67	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	196.67	196.67	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Janee D. Steinberg, M.D. 7777 N. University Drive, Ste201 Tamarac, FL 33321 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Advanced Cosmetic Laser Center Occupation: Dermatologist Aggregate Year-to-Date > $ 250.00	9/1/00	$250.00
B. Rex A. Amonette, M.D. 665 South Willett Memphis, TN 38104-4932 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Memphis Dermatology Clinic Occupation: Physician Aggregate Year-to-Date > $5,000.00	9/1/00	$5,000.00
C. Thomas A. Van Meter, M.D. 334 S. Patterson Ave. Ste. 105 Santa Barbara, CA 93111 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self_Employed Occupation: Physician Aggregate Year-to-Date > $500.00	9/5/00	$500.00
D. David M. Pariser, M.D. 933 Winthrope Drive Virginia Beach, VA 23452 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Pariser Dermatology Occupation: Dermatologist Aggregate Year-to-Date > $ 1,000.00	9/5/00	$1,000.00
E. James F. Rash, M.D. 389 Hunters Crossing Lane Kingsport, TN 37664 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dermatology Associates Occupation: Physician Aggregate Year-to-Date > $ 500.00	9/5/00	$500.00
F. David A. South, M.D. 204 Green Valley Road Freedom, CA 95019 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $ 500.00	9/15/00	$500.00
G. Herbert A. Hochman, M.D. 1020 Park Avenue New York, NY 10028 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $ 250.00	9/15/00	$250.00

SUBTOTAL of Receipts This Page (optional) $8,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11(a)(i)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffrey P. Callen, M.D. 310 East Broadway, Suite 200 Louisville, KY 40202 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date: $250.00	9/21/00	$250.00
B. William PAtrick Davey, M.D. 807 South Limestone St. Lexington, KY 40508 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dermatology Associates of KY Occupation: Physician Aggregate Year-to-Date: $2,000.00	9/21/00	$1,000.00
C. Eugene M. Lepine, M.D. 1533 Ebenezer Road Rock Hill, SC 29732 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date: $300.00	9/21/00	$300.00
D. Mitchell A. Kline, M.D. 53 E. 67th Street New York, NY 10021 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date: $500.00	9/21/00	$500.00
E. Brett M. Coldiron, M.D. 3024 Burnet Avenue Cincinnati, OH 45219 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date: $1,000.00	9/21/00	$1,000.00
F. C. Ralph Daniel III, M.D. 971 Lakeland Drive Jackson, MS 39211 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date: $250.00	9/21/00	$250.00
G. Thomas G. Olsen, M.D. 7835 Paragon Road Dayton, OH 45459 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dermatopathology Lab of Central States Occupation: Dermatologist Aggregate Year-to-Date: $2,000.00	9/22/00	$1,000.00

SUBTOTAL of Receipts This Page (optional) $4,300.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David J. Clemons, M.D. 304 Corinne Circle Shreveport, LA 71106 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $250.00	9/22/00	$250.00
B. Mike Wentzell, M.D. 3333 Laredo Place Billings, MT 59102 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Billings Clinic Occupation: Physician Aggregate Year-to-Date > $250.00	9/25/00	$250.00
C. Richard E. Ranchoff, M.D. 23777 West Rim Drive Columbia Station, OH 44028 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $250.00	9/25/00	$250.00
D. Richard H. Weyer, M.D. 20 Calle De Amistad Tucson, AZ 85716 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $500.00	9/25/00	$500.00
E. Bruce Katz, M.D. 60 E. 56th Street New York, NY 10022 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $250.00	9/25/00	$250.00
F. David F. Jaffe, M.D. 323 S. Union Avenue Havre DeGrace, MD 21078 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $250.00	9/25/00	$250.00
G. Timothy L. Parker, M.D. 6901 W. 121st Street Overland Park, KS 66209 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > $250.00	9/25/00	$250.00

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	

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FOR LINE NUMBER 11(a)(i)

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American Academy of Dermatology Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stephen P. Stone, M.D. 2045S. Willcmoore Ave. Springfield, IL 62704 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: SIU School of Medicine Occupation: Physician Aggregate Year-to-Date > $250.00	9/26/00	$250.00
B. Ted Brezel, M.D. 902 East 86th Street Brooklyn, NY 11236 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Self Employed Occupation: Physician Aggregate Year-to-Date > $250.00	9/27/00	$250.00
C. Kenneth B. Bielinski, M.D. 4647 W. 103rd St., #2E Oak Lawn, IL 60453 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $250.00	9/28/00	$250.00
D. Terry P. Hadley, M.D. 32 Hugh Cargill Road Concord, MA 01742 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $500.00	9/28/00	$500.00
E. Patrick R. Feehan, M.D. 1834 Oregon Park Lancaster, PA 17601 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Dermatology Assoc. of Lancaster Occupation: Physician Aggregate Year-to-Date > $250.00	9/28/00	$250.00
F. S. Gayle Widyolar, M.D. 23961 Calle DeLa Magdalena #40 Laguna Hills, CA 92653-3664 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Self Employed Occupation: Physician Aggregate Year-to-Date > $500.00	9/26/00	$500.00
G. Harris Rotman, M.D. 11914 Astoria Blvd, #340 Houston, TX 77089 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Employer: Airport Dermatology Clinic, P.A. Occupation: Physician Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00

SUBTOTAL of Receipts This Page (optional)	$3,000.00
TOTAL This Period (last page this line number only)	

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American Academy of Dermatology Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert L. Jackson, M.D. 3960 Knight Arnold, Suite 202 Memphis, TN 38118 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed / Dermatologist Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00
B. Harry W. Saperstein, M.D. 8920 Wilshire Blvd, #545 Beverly Hills, CA 90211 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed / Dermatologist Aggregate Year-to-Date > $500.00	9/26/00	$500.00
C. Greg Thompson, M.D. 14615 San Pedro #206 San Antonio, TX 78232 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed / Physician Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00
D. N. Patrick Hennessey, M.D. 650 First Ave. New York, NY 10016 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed / Physician Aggregate Year-to-Date > $250.00	9/26/00	$250.00
E. Karyn Grossman, M.D. 1301 20th Street #350 Santa Monica, CA 90404 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed / Physician Aggregate Year-to-Date > $500.00	9/26/00	$500.00
F. Shelly Sekula Rodriguez, M.D. 14222 Golf View Trail Houston, TX 77059 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed / Dermatologist Aggregate Year-to-Date > $250.00	9/26/00	$250.00
G. Mark Lebwohl, M.D. 300 E. 85th Street New York, NY 10028 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Mt. Sinai School of Medicine / Dermatologist Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00

SUBTOTAL of Receipts This Page (optional) $4,500.00

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Walther, M.D. 1070 Park Ave. Apt. 14D New York, NY 10128-1000 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Columbia University Occupation: Physician Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lisa A. Garner, M.D. 3310 Broadway Blvd. Garland, TX 75043 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > $250.00	9/26/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth A. Rosen, M.D. 9000 SW 87th Court, Suite 202 Miami, FL 33176 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $250.00	9/26/00	$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mar garet M. Olsen, M.D. 11600 Wilshire Blvd., Suite 406 Los Angeles, CA 90025 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William T. Parsons, M.D. 6 Braeburn Oaks San Antonio, TX 78248 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Dermatology Associates of San Antonio Occupation: Dermatologist Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard K. Scher, M.D. 25 Sutton Place South, Apt. 15C New York, NY 10022 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Dermatologist Aggregate Year-to-Date > $1,000.00	9/26/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hobart K. Richey, M.D. 728 The Rialto Venice, FL 34285 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > $500.00	9/29/00	$500.00

SUBTOTAL of Receipts This Page (optional) $5,000.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11(a)(i)

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American Academy of Dermatology Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan R. Shalita, M.D. 70 East 77th St., Apt. 9B New York, NY 10021 Receipt For: [ ] Primary [X] General [ ] Other (specify):	State University New York Occupation: Physician Aggregate Year-to-Date > $500.00	9/29/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jason L. Smith, M.D. 1600 Martha Berry Blvd. Rome, GA 30165 Receipt For: [ ] Primary [X] General [ ] Other (specify):	NW GA Dermatology Occupation: Physician Aggregate Year-to-Date > $250.00	9/29/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Robert Weiss, M.D. 2002 Burdock Road Baltimore, MD 21209 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Drs. Weiss MDPA Occupation: Physician Aggregate Year-to-Date > $500.00	9/26/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Margaret Weiss, M.D. 2002 Burdock Road Baltimore, MD 21209 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Drs. Weiss MDPA Occupation: Physician Aggregate Year-to-Date > $500.00	9/26/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$1,750.00
TOTAL This Period (last page this line number only)	$28,550.00

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SCHEDULE A **ITENIZED RECEIPTS**

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

FOR LINE NUMBER 11c

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Derm Political Action Committee 750 Homewood Avenue #130 Highland Park, IL 60035		9/5/00	$2,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 2,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	$2,000.00

FE4ANI21PDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Shadegg John Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064	John Shadegg, 4th District - AZ Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Anna Eshoo Anna Eshoo for Congress 2000 c/o Mary Hughes Staton & Hughes 530 Howard St, Suite 200 San Francisco, CA 94104	Anna Eshoo 14th District - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Brian Bilbray Brian Bilbray for Congress 970 SeacoastDrive, Suite 7 Imperial Beach, CA 91932	Brian Bilbray 49th District - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Nancy Johnson Committee to re-elect Nancy Johnson P.O. Box 1986 New Britan, CT 06053	Nancy Johnson 6th District - CT Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Peter Deutsch Peter Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Peter Deutsch 20th District - FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Charles Norwood Norwood for Congress P.O. Box 499 Evans, GA 30809	Charles Norwood 10th District - GA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Greg Ganske People for Ganske 521 E. Locust Street Des Moines, IA 50309	Greg Ganske 4th District - IA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Lauren Beth Gash Lauren Beth Gash for Congress P.O. Box 179 Deerfield, IL 60015	Lauren Beth Gash 10th District - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00
Paul Perry Dr. Paul Perry for Congress P.O. Box 5453 Evansville, IN 47716	Paul Perry 8th District - IN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$500.00

SUBTOTAL of Disbursements This Page (optional) $4,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Barbara Cubin Cubin for Congress P.O. Box 4657 Casper, WY 82604	Barbara Cubin At Large - WY Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
B. Fred Upton Upton for All of Us P.O. Box 4902214 South State Street St. Joseph, MI 49085	Fred Upton 6th District - MI Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
C. Richard Burr Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Richard Burr 5th District - NC Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
D. Frank Pallone Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	Frank Pallone 6th District - NJ Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
E. Marcy Kaptur Kaptur for Congress P.O. Box 899 Toledo, OH 43691	Marcy Kaptur 9th District - OH Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
F. Phillip English People for English 1208 Palo Alto Pittsburgh, PA 15212	Phillip English 21st District - PA Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
G. Ralph Hall Hall for Congress Committee P.O. Box 711 Rockwall, TX 75087	Ralph Hall 4th District - TX Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
H. Jody Wagner Wagner for Congress P.O. Box 1158 Virginia Beach, VA 23451	Jody Wagner 2nd District - VA Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00
I. Jerry Kleczka Friends of Jerry Kleczka 3150 A South 12th Street Milwaukee, WI 53215	Jerry Kleczka 4th District - WI Primary [ ] General [X] Other (specify) [ ]	9/19/00	$500.00

SUBTOTAL of Disbursements This Page (optional) $4,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Rangel Rangel 2000 P.O. Box 5577 Manhattanville Station 36 W. 125th Street New York, NY 10027	Charles Rangel 15th District - NY Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fortney Stark Pete Stark Re-election committee 39300 Civic Center Dr, Suite 220 Fremont, CA 94538	Fortney Stark 13th District - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Thomas Bill Thomas Campaign Committee P.O. Box 395 Bakersville, CA 93302	William Thomas 21st District - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Christopher Cox Christopher Cox Congressional Committee P.O. Box 8088C Newport Beach, CA 92658	Christopher Cox 47th District - CA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Roth Roth Senate Committee 2814 B Lancaster Avenue Wilmington, DE 19805	William Roth Senate Candidate - DE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark Foley Friends of Mark Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	Mark Foley 16th District - FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cliff Stearns Friends of Cliff Stearns P.O. Box 308 Silver Springs FL 34489	Cliff Stearns 6th District - FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael Bilirakis Bilirakis for Congress P.O. Box 1077 Tarpon Springs, FL 34618	Michael Bilirakis 9th District - FL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dennis Hastert Hastert for Congress P.O. Box 625 Batavia, IL 60510	Dennis Hastert 14th District - IL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $9,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. William Tauzin Billy Tauzin Committee P.O. Box 1407 Thibodaux, LA 70302	William Tauzin 3rd District - LA Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
B. John Dingell John D. Dingellfor Congress 13912 Michigan Avenue Dearborn, MI 48126	John Dingell 16th District - MI Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
C. Richard Gephardt Gephardt in Congress Committee 7435 Watson Road, Suite 107 St. Louis, MO 63119	Richard Gephardt 3rd District - Mo Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
D. Kent Conrad Friends of Kent Conrad P.O. Box 812 Bismarck, ND 58501	Kent Conrad ND Senate Candidate - Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
E. Jeffrey Bingaman A Lot of People Who Support Jeff Bingaman - 8001 Mountain Rd Place NE, Suite 100 Albuquerque, NM 87103	Jeffrey Bingaman Senate candidate - Primary [ ] General [X] Other (specify) [ ]	NM 9/19/00	$1,000.00
F. Rick Lazio Lazio 2000 355 Lexington Avenue, Suite 1001 New York, NY 10017	Rick Lazio Senate Candidate - NY Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
G. Sherrod Brown Friends of Sherrod Brown 2625 East Erie Avenue Lorain, OH 44052	Sherrod Brown 13th District - OH Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
H. Michael Oxley Oxley for Congress P.O. Box 2000 Findley, OH 45839	Michael Oxley 4th District - OH Primary [ ] General [X] Other (specify) [ ]	9/19/00	$1,000.00
I. William Frist Frist 2000 4205 Hillsboro Rd., Suite 306 Nashville, TN 37215	William Frist Senate Candidate - Primary [ ] General [X] Other (specify) [ ]	TN 9/19/00	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $9,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James Jeffords Jeffords for Vermont Committee Capital Plaza Room 346 Montpelier, VT 05602	James Jeffords Senate Candidate - VT Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/19/00	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$1,000.00
TOTAL This Period (last page this line number only)	$28,000.00

FE8AN121PDF

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 10-16-02
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Amy W — PREPARER

10-21-02 — DATE PREPARED

(6/2000)