

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1445 New York Avenue NW
Ste 800
 Check if different than previously reported. (ACC)
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00359539
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 07 31 2010

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 08 13 2010

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	D D	Y Y Y Y
0 7	0 1	2 0 1 0

 To:

M M	D D	Y Y Y Y
0 7	3 1	2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 1 0</td></tr></table>	Y Y Y Y	2 0 1 0		273974.15
Y Y Y Y				
2 0 1 0				
(b) Cash on Hand at Beginning of Reporting Period	410881.56			
(c) Total Receipts (from Line 19)	12636.00	216782.25		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	423517.56	490756.40		
7. Total Disbursements (from Line 31)	24902.96	92141.80		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	398614.60	398614.60		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00			

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11111.00	184739.00
(ii) Unitemized	1525.00	32043.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12636.00	216782.25
(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)	12636.00	216782.25
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))	12636.00	216782.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12636.00	216782.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	402.96	4141.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	402.96	4141.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24500.00	88000.00
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.....	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))..	24902.96	92141.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24902.96	92141.80

DETAILED SUMMARY PAGE
of Disbursements

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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)	12636.00	216782.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12636.00	216782.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	402.96	4141.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	402.96	4141.80

**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 7 / 21
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Tricia R. Andrews		Date of Receipt
	Mailing Address 8075 Gate Pkwy W Ste 201		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2010
	City	State	Zip Code
	Jacksonville	FL	32216-3685
	FEC ID number of contributing federal political committee. C		Transaction ID: 133D4206BE43B1C1DB6
Name of Employer Jacksonville Dermatology Assoc. PL		Occupation Dermatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
			Visa

B.	Full Name (Last, First, Middle Initial) Scott D. Bennion		Date of Receipt
	Mailing Address 2546 E 2nd St Ste 400		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2010
	City	State	Zip Code
	Casper	WY	82609-2062
	FEC ID number of contributing federal political committee. C		Transaction ID: 0D5D3335FAB1CF4A225
Name of Employer Central Wyoming Skin Clinic		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 70.00
			Amex

C.	Full Name (Last, First, Middle Initial) Brian Berman		Date of Receipt
	Mailing Address 1600 NW 10th Ave Rm 2023A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 29 / 2010
	City	State	Zip Code
	Miami	FL	33136-1015
	FEC ID number of contributing federal political committee. C		Transaction ID: C07C5C83930FEDE677B
Name of Employer Univ of Miami Dept. of Dermatology		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 251.00
			PayPal

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 721.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 21

(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)

Marc E. Boddicker

Mailing Address 705 Columbus St

City

Rapid City

State

SD

Zip Code

57701-3623

FEC ID number of contributing federal political committee.

C

Name of Employer
Advanced Dermatology Center, PC

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 13 / 2010

Transaction ID: 56A25351608326913B9

Amount of Each Receipt this Period

250.00

Amex - Direct Mail

B.

Full Name (Last, First, Middle Initial)

Clay J. Cockerell

Mailing Address 2330 Butler St
Ste 115

City

Dallas

State

TX

Zip Code

75235-7800

FEC ID number of contributing federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation
Dermatologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
07 / 14 / 2010

Transaction ID: 6F804D18BE311408DA3

Amount of Each Receipt this Period

500.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address 1445 New York Ave NW
Ste 800

City

Washington

State

DC

Zip Code

20005-2125

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 ▼

504.00

Date of Receipt

MM / DD / YYYY
07 / 14 / 2010

Transaction ID: AFE7BA19BC25ADECAD2

Amount of Each Receipt this Period

84.00

Visa

SUBTOTAL of Receipts This Page (optional)

834.00

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 9 / 21
	<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) Suzanne Marie Connolly	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 13400 E Shea Blvd	Transaction ID: 6634226277F62E68722
	City State Zip Code Scottsdale AZ 85259-5452	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	PayPal
	Name of Employer Occupation Mayo Clinic Arizona 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) Raymond L. Cornelison, Jr.	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 619 NE 13th St Department of Dermatology	Transaction ID: F52E70FA51B26F1A57F
	City State Zip Code Oklahoma City OK 73104-5001	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	Amex
	Name of Employer Occupation Univ of Oklahoma Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Marsha L. DuPree	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 1050 Main St Unit 15	Transaction ID: EAE308E8454DD145C0C
	City State Zip Code East Greenwich RI 02818-3163	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Amex
	Name of Employer Occupation Marsha Dupree Dermatology Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	2450.00
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 / 21
(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) Richard A. Federspiel		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address Suite 280 720 Cedar Street		Transaction ID: 611B6F01A16B1EF3020
City South Bend	State IN	
Zip Code 46617-2063	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Scott Robert Florell		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
Mailing Address Department of Dermatology 4B454 Som 30 North 1900 East		Transaction ID: F89FDF7A17F22171BC9
City Salt Lake City	State UT	
Zip Code 84132-0001	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer U of Utah Health Sciences Center	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Albert A. Kattine		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address 1004 N Highland Ave		Transaction ID: 92B86E180556E7CC19E
City Murfreesboro	State TN	
Zip Code 37130-2454	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Dermatologist	Visa
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

SUBTOTAL of Receipts This Page (optional)	▶	890.00
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 11 / 21
	<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	Date of Receipt MM / DD / YYYY 07 / 14 / 2010
	Mailing Address 740 Cool Springs Blvd Ste 200	Transaction ID: DF4C255A167979A40A0
	City Franklin State TN Zip Code 37067-6450	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	MasterCard
	Name of Employer Franklin Dermatology Group, PLC Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Oswald L. Mikell	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 29 Dory Ct	Transaction ID: 804156EEDF1BB4D0EEF
	City Bluffton State SC Zip Code 29909-4308	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dermatology Associates of the Lowcount Occupation Dermatologist 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) Richard Lawrence Miller	Date of Receipt MM / DD / YYYY 07 / 27 / 2010
	Mailing Address 200 Main St Ste 5	Transaction ID: 5310DED6B3BD8CC8FAE
	City Setauket State NY Zip Code 11733-2918	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Amex
	Name of Employer Richard L Miller MD PC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 12 / 21
	<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) Margaret E. Parsons		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 5340 Elvas Ave Ste 600		Transaction ID: 732670A6BAD08EFF354		
	City Sacramento	State CA	Zip Code 95819-2385	Amount of Each Receipt this Period 251.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Dermatology Consultants		Occupation Physician	Aggregate Year-to-Date ▼ 251.00	

Transaction Type: Visa

B.	Full Name (Last, First, Middle Initial) William T. Parsons		Date of Receipt MM / DD / YYYY 07 / 28 / 2010		
	Mailing Address 7832 Pat Booker Rd		Transaction ID: FC417C9653C00111C61		
	City Live Oak	State TX	Zip Code 78233-2601	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Dermatology Assoc of San Antonio		Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	

Transaction Type: MasterCard

C.	Full Name (Last, First, Middle Initial) Sean F. Pattee		Date of Receipt MM / DD / YYYY 07 / 27 / 2010		
	Mailing Address 1515 Randolph Ct		Transaction ID: 9E1ED4BBA945B093721		
	City Manitowoc	State WI	Zip Code 54220-8345	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Dermatology Associates of Wisconsin, S		Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	

Transaction Type: Visa

SUBTOTAL of Receipts This Page (optional)	2251.00
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 / 21
	(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)

A.	Full Name (Last, First, Middle Initial) Insley Puma Flaig		Date of Receipt
	Mailing Address 6353 S Hanover Ct		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Englewood	CO	80111-5441
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Greenwood Dermatology Associates PC		Occupation Physician	Transaction ID: 2B639B445AB78EA4F6B
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) David Phillips Smack		Date of Receipt
	Mailing Address 22620 Handy Point Rd		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chestertown	MD	21620-4017
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Talbot Dermatology and Surgery, PA		Occupation Dermatologist	Transaction ID: B0C563A17CE5088417C
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

Visa

C.	Full Name (Last, First, Middle Initial) Scarlette D. Smith		Date of Receipt
	Mailing Address 1705 Main Ave SW Ste B		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cullman	AL	35055-7207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Smith Dermatology, PC		Occupation Dermatologist	Transaction ID: A2305516930F4D90C1D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="365.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="365.00"/>
		Amount of Each Receipt this Period	<input type="text" value="365.00"/>

Amex

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="865.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 21
(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) Stephen P. Stone		Date of Receipt MM / DD / YYYY 07 / 14 / 2010
Mailing Address PO Box 19644 Divide of Dermatology		Transaction ID: 104FC6AF080C5A08A68
City Springfield	State Zip Code IL 62794-9644	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SIU School of Medicine Div of Dermatol	Occupation Physician	Amex
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.

Full Name (Last, First, Middle Initial) Sharon F. Tiefenbrunn		Date of Receipt MM / DD / YYYY 07 / 27 / 2010
Mailing Address 6651 Chippewa St Ste 319		Transaction ID: 02D252D31A89642627D
City Saint Louis	State Zip Code MO 63109-2532	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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	

C.

Full Name (Last, First, Middle Initial) Rita Weinstein		Date of Receipt MM / DD / YYYY 07 / 13 / 2010
Mailing Address 603 Cranbury Rd		Transaction ID: A240090CBDB9FBA9576
City East Brunswick	State Zip Code NJ 08816-4145	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Amex
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 15 / 21
(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)
John R. West

Mailing Address Suite 2
34 Water Street

City State Zip Code
Mystic CT 06355-2524

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

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

Transaction ID: 15DF45E33A1EAABD76A

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael D. Zanolli

Mailing Address 4230 Harding Pike
Ste 609

City State Zip Code
Nashville TN 37205-2018

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

Name of Employer Heritage Medical Associates
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	1	0

Transaction ID: ECC803C16B3120C1584

Amount of Each Receipt this Period
500.00

Amex

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	11111.00

**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)

<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	Transaction ID: V82B1387FB47F2E5B4A9
	Mailing Address PO Box 53852	Date of Disbursement 07 / 02 / 2010
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 152.27
	Purpose of Disbursement Amex Fees Candidate Name	001 Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: V858D37A96C228EAEAEAC
	Mailing Address PO Box 6603	Date of Disbursement 07 / 02 / 2010
	City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period 30.00
	Purpose of Disbursement MC/VS Fees Candidate Name	001 Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: V70AD1B9C8678CDD4E55
	Mailing Address PO Box 6603	Date of Disbursement 07 / 02 / 2010
	City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period 220.69
	Purpose of Disbursement MC/VS Fees Candidate Name	001 Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	402.96
TOTAL This Period (last page this line number only)	402.96

**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 17 / 21

<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) Barnett for Congress <hr/> Mailing Address PO Box 1937 <hr/> City Emporia State KS Zip Code 66801 <hr/> Purpose of Disbursement 2010 Primary Candidate Name James A. Barnett <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 099D90457A684008BE1 Date of Disbursement 07 / 29 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address PO Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 2010 Primary Candidate Name David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8CCD61FE62BF6BA29E2 Date of Disbursement 07 / 09 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement 2010 General Candidate Name Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0212D88D0860B67741B Date of Disbursement 07 / 16 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

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<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) Lisa Murkowski for Us Senate Mailing Address PO Box 100847 City Anchorage State AK Zip Code 99510 Purpose of Disbursement 2010 Primary Candidate Name Lisa A. Murkowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District:	Transaction ID: C6C7EA67F4AA392E270 Date of Disbursement 07 / 16 / 2010 Amount of Each Disbursement this Period 1500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Lone Star Leadership Pac Mailing Address 7315 Wisconsin Avenue Suite 310 East City Bethesda State MD Zip Code 20814 Purpose of Disbursement 2010 Contribution Candidate Name Lone Star Leadership Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 62058138A7990865C6F Date of Disbursement 07 / 09 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Matsui for Congress Mailing Address PO Box 1738 City Sacramento State CA Zip Code 95812 Purpose of Disbursement 2010 General Candidate Name Doris O. Matsui Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 05	Transaction ID: E21AC5E4A8E7C3F11B9 Date of Disbursement 07 / 09 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 19 / 21

<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) National Republican Congressional Committee <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: District:	Transaction ID: 19E15FBBA95594E7A33 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pascrell for Congress <hr/> Mailing Address PO Box 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement 2010 General Candidate Name William J. Pascrell, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: NJ District: 08	Transaction ID: 99E6F7FE49C61025ACE Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement 2010 General Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: CA District: 13	Transaction ID: 2548BD159C063447DA8 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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)

A.	Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: B1F7B401FCB5184A614
	Mailing Address PO Box 10555	Date of Disbursement 07 / 23 / 2010
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 General	011 Category/Type
	Candidate Name Aaron Schock	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 18	

B.	Full Name (Last, First, Middle Initial) Scott Brown for Us Senate Committee	Transaction ID: 6A8D5C726C7BB950648
	Mailing Address PO Box 395	Date of Disbursement 07 / 09 / 2010
	City Wrentham State MA Zip Code 02903	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2012 Primary	011 Category/Type
	Candidate Name Scott P. Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MA District:	

C.	Full Name (Last, First, Middle Initial) Shore Pac	Transaction ID: 8E13F061048A889D216
	Mailing Address PO Box 3157	Date of Disbursement 07 / 23 / 2010
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Contribution	011 Category/Type
	Candidate Name Shore Pac	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Contribution

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)

PAGE 21 / 21

<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)

Stabenow for Us Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
2012 Primary

Candidate Name
Deborah Stabenow

Office Sought: House
 Senate
 President

State: MI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 76F81C591170E82CB86

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

24500.00