



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		257375.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	318165.49									
(c) Total Receipts (from Line 19) .....	40778.26	251951.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	358943.75	509326.19								
7. Total Disbursements (from Line 31) .....	26120.58	176503.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	332823.17	332823.17								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**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) .....	33497.01	213067.21
(ii) Unitemized .....	7281.25	38883.91
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	40778.26	251951.12
(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) .....	40778.26	251951.12
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)) .....	40778.26	251951.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40778.26	251951.12

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.....	1120.58	4403.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1120.58	4403.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	25000.00	172000.00
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	100.00
(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	100.00
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))..	26120.58	176503.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26120.58	176503.02

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) .....	40778.26	251951.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40778.26	251851.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1120.58	4403.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1120.58	4403.02



**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 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Diane L. Baird		Date of Receipt MM / DD / YYYY 06 / 02 / 2011		
	Mailing Address 85819 Barnwell Ln		<b>Transaction ID:</b> A5E64ED480A5B440A966		
	City Eugene	State OR	Zip Code 97405-9423	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 365.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Philip Dale Meador, Jr.		Date of Receipt MM / DD / YYYY 06 / 02 / 2011		
	Mailing Address 103 W Mason St		<b>Transaction ID:</b> AC40117BCB03B4D18A27		
	City Franklinton	State NC	Zip Code 27525-1336	Amount of Each Receipt this Period 250.00	
	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 ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia N. Speelman		Date of Receipt MM / DD / YYYY 06 / 02 / 2011		
	Mailing Address 3362 Monroe St		<b>Transaction ID:</b> A81FDAC19262E4AF087C		
	City Carlsbad	State CA	Zip Code 92008-2045	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Specialists, Inc		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1015.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 43

(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)

Justin T. Roscoe

Mailing Address 8388 Piping Rock Ct

City State Zip Code  
Millersville MD 21108-1448

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

Name of Employer Occupation  
Anne Arundel Dermatology Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 1

Transaction ID: A22034360B9564FD8B89

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)

John R. Adams

Mailing Address 220 Fordham Road

City State Zip Code  
Manhattan KS 66503-3034

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

Name of Employer Occupation  
Advanced Dermatology PA 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 6 / 0 6 / 2 0 1 1

Transaction ID: A2F411EB7CC214A1BB27

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)

Shelley Sekula-Gibbs

Mailing Address 17300 El Camino Real  
Ste 103

City State Zip Code  
Houston TX 77058-2743

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

Name of Employer Occupation  
Bay Oaks Dermatology-Skin, Vein & Laser Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 1 1

Transaction ID: A57B49A866EB54716981

Amount of Each Receipt this Period  
1000.00

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

3400.00

**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 9 / 43  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) James H. Herndon, Jr.	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 12673 Sunlight Dr	<b>Transaction ID:</b> A7B4C90F36A3A4E70A25
	City State Zip Code Dallas TX 75230-1855	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Dermatology Center of Dallas	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Radha Mikkilineni	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 1120 19th St. NW ste 250	<b>Transaction ID:</b> A1C6D42E54D3C49E0A25
	City State Zip Code Washington DC 20036-3634	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Advanced Skin Health & Beauty LLC	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Suzanne G. Spadafora	Date of Receipt MM / DD / YYYY 06 / 06 / 2011
	Mailing Address 4713 Denali Dr	<b>Transaction ID:</b> A0D9FED5BC5C843ABB2D
	City State Zip Code Glen Allen VA 23060-6192	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Dermatology Associates of Virginia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 43  
(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) Tho Q. Nguyen		Date of Receipt MM / DD / YYYY 06 / 06 / 2011
Mailing Address 3912 Hillwood Way		<b>Transaction ID:</b> A77B401CC9E1D478AA60
City Bedford	State Zip Code TX 76021-2527	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer N.E. Tarrant Dermatology	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Steven P. Rosenberg		Date of Receipt MM / DD / YYYY 06 / 06 / 2011
Mailing Address 470 Columbia Dr Ste A102		<b>Transaction ID:</b> A526181C20FEA424D87D
City West Palm Beach	State Zip Code FL 33409-1983	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) William S. Sawchuk		Date of Receipt MM / DD / YYYY 06 / 08 / 2011
Mailing Address 10000 Park Royal Dr		<b>Transaction ID:</b> A85817A225213481BBB4
City Great Falls	State Zip Code VA 22066-1847	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer William Sawchuk MD & Gayle MASRI-Fridl	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 43
	<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)  
Ross S. Kaplan

Mailing Address 196 Lake Sherwood Dr

City State Zip Code  
Lake Sherwood CA 91361-5193

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

Name of Employer Self - Coastal Dermatology Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 14 / 2011

Transaction ID: AE2F3D9C5503741A392A

Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Alexandra Boer Kimball

Mailing Address 4 Monmouth St Apt C701

City State Zip Code  
Brookline MA 02446-5605

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

Name of Employer Mass General Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 14 / 2011

Transaction ID: ADAC4B8D69709431ABC9

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Julian M. Menter

Mailing Address 732 Dukehart Ct

City State Zip Code  
Stone Mountain GA 30083-4616

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

Name of Employer Morehouse School of Medicine Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 14 / 2011

Transaction ID: A2B0150BDB8F946A6AA7

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43  
(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)  
Rebecca J. Caserio

Mailing Address 4142 Bigelow Blvd

City State Zip Code  
Pittsburgh PA 15213-1408

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

Name of Employer Occupation  
RJC Fox Chapel Dermatology PC Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** AA35B4A33EC1745E282E

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth Grossman

Mailing Address 31 Windsor Dr

City State Zip Code  
Little Silver NJ 07739-1354

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** A70C65C150FFE4A4FB86

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James Cook

Mailing Address 2554 SW Arden

City State Zip Code  
Portland OR 97201-1604

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2011

**Transaction ID:** A9AB650A86ECF476FB9D

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 43
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert A. Gielczyk	Date of Receipt MM / DD / YYYY 06 / 14 / 2011
	Mailing Address 13015 Woodrush Dr	<b>Transaction ID:</b> AFFA170AA74274743948
	City State Zip Code Grand Haven MI 49417-8323	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lakeshore Dermatology Medical & Laser Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Hazle Smith Konerding	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 205 Cyril Ln	<b>Transaction ID:</b> AE8BF10BF232D493096B
	City State Zip Code Henrico VA 23229-7740	Amount of Each Receipt this Period 417.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Commonwealth Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2502.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen P. Stone	Date of Receipt MM / DD / YYYY 06 / 15 / 2011
	Mailing Address 2021 S Wiggins Ave	<b>Transaction ID:</b> AB87AF285A3EF4371A2A
	City State Zip Code Springfield IL 62704-3338	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SIU School of Medicine Div of Dermatol Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1167.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sunila S. Walia		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 8913 Abbey Ter		<b>Transaction ID:</b> A92CB964EB890447D81B		
	City Potomac	State MD	Zip Code 20854-5434	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associate of McLean	Occupation Dermatologist	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan T. Elliott		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 6624 Jill Ct		<b>Transaction ID:</b> A37F3701DDF144E42949		
	City Mc Lean	State VA	Zip Code 22101-1613	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra I. Read		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 6915 Radnor Rd		<b>Transaction ID:</b> AA7C5C7CC04E248F2A28		
	City Bethesda	State MD	Zip Code 20817-6328	Amount of Each Receipt this Period 454.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation INVESTOR	Aggregate Year-to-Date 2272.75		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1004.55
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sabra Sullivan		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 102 Hidden Hts		<b>Transaction ID:</b> AAA12F2AC93DF407A889		
	City Ridgeland	State MS	Zip Code 39157-8626	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates, LLC	Occupation Physician	Aggregate Year-to-Date 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Agnes Ju Chang		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 5405 Tuckerman Ln Apt 900		<b>Transaction ID:</b> A4DB8E71EAB494182AA7		
	City Rockville	State MD	Zip Code 20852-7334	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Integrated Dermatology of K Street	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeff D. Harvell		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 421 N Pitt St		<b>Transaction ID:</b> AB524EA9A15694C61A99		
	City Alexandria	State VA	Zip Code 22314-2315	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 43  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles E. Linden Mailing Address 16832 Addison St City State Zip Code Encino CA 91436-1054 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2011 <b>Transaction ID:</b> A8AF957038F2B4019B3B Amount of Each Receipt this Period 250.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Philip Crosby Mailing Address 12401 SW Terwilliger Blvd City State Zip Code Portland OR 97219-8337 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2011 <b>Transaction ID:</b> AA764A1CC979C482D9FB Amount of Each Receipt this Period 250.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Ronald Nevin Shore Mailing Address 9721 Sorrel Ave City State Zip Code Potomac MD 20854-4732 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2011 <b>Transaction ID:</b> A40CE25DBEACD4107AAB Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 43  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Charity Foster McConnell		Date of Receipt MM / DD / YYYY 06 / 15 / 2011	
Mailing Address 5095 Heathrow Blvd		<b>Transaction ID:</b> AD3CBB22DDFE2425A9FB	
City Brentwood	State TN	Zip Code 37027-6538	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 300.00		

**B.**

Full Name (Last, First, Middle Initial) Marc E. Boddicker		Date of Receipt MM / DD / YYYY 06 / 15 / 2011	
Mailing Address 705 Columbus St		<b>Transaction ID:</b> A14A8D43B73DF4A45829	
City Rapid City	State SD	Zip Code 57701-3623	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advanced Dermatology Center, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

**C.**

Full Name (Last, First, Middle Initial) Anthony Vincent Greco		Date of Receipt MM / DD / YYYY 06 / 15 / 2011	
Mailing Address 108 Pleasant St		<b>Transaction ID:</b> A42A87CF4FAA24041A5A	
City Mount Pleasant	State TX	Zip Code 75455-5322	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical & Surgical Dermatology Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nikolai Yuryevich Talanin		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 1842 Kalorama Rd NW		<b>Transaction ID:</b> ABB99D04E97044CDFACC		
	City Washington	State DC	Zip Code 20009-5187	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Associates of Northern Vir		Occupation Physician	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jennifer MacGregor		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address Herbert Irving Pavilion Fl 12		<b>Transaction ID:</b> A3B2EF96222F04228B51		
	City New York	State NY	Zip Code 10032	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Columbia University/Derma- tology		Occupation Physician	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Cheryl M. Burgess		Date of Receipt MM / DD / YYYY 06 / 15 / 2011		
	Mailing Address 2311 M St NW Ste 504		<b>Transaction ID:</b> A5DDF484AD9A84D74A0D		
	City Washington	State DC	Zip Code 20037-1495	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Physician	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Elizabeth Shannon Martin		Date of Receipt
	Mailing Address 861 Tulip Poplar Dr		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Birmingham	AL	35244-1639
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Martin Dermatology and Sk- in Wellness		Occupation Physician	<b>Transaction ID:</b> AA8255A009759440D821
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="600.00"/>	<input type="text" value="100.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Carmen Myrie Williams		Date of Receipt
	Mailing Address 9005 Stoneleigh Ct		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Fairfax	VA	22031-3243
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Retired		Occupation Physician	<b>Transaction ID:</b> A82638018AC254B53B73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Clay J Cockerell		Date of Receipt
	Mailing Address 4312 Arcady		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Dallas	TX	75205-3704
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Cockerell & Associates		Occupation Dermatologist	<b>Transaction ID:</b> A339661A952F743DA870
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="3000.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="850.00"/>
<b>TOTAL</b> 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: (check only one)	PAGE 20 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Erin A. Walker		Date of Receipt		
	Mailing Address 254 Seaside Ave Apt C		M M / D D / Y Y Y Y 06 / 15 / 2011		
	City Stamford	State CT	Zip Code 06902-5452	<b>Transaction ID:</b> A2AEDF0B5D5024234A9E	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00		
	Name of Employer Westchester Medical Group	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Beverly A. Johnson		Date of Receipt		
	Mailing Address 1211 Sarah Dr		M M / D D / Y Y Y Y 06 / 15 / 2011		
	City Silver Spring	State MD	Zip Code 20904-2147	<b>Transaction ID:</b> AF4E216830CAD4AEFA6B	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer Self-Employed	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Nina Myerson Fisher		Date of Receipt		
	Mailing Address 6416 Crane Ter		M M / D D / Y Y Y Y 06 / 15 / 2011		
	City Bethesda	State MD	Zip Code 20817-3139	<b>Transaction ID:</b> AE5910E88C7E5487B9CB	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00		
	Name of Employer Dermatology Associates of McLean	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	965.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Barbara Greenan		Date of Receipt
	Mailing Address 9418 Balfour Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Bethesda	MD	20814-5710
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A9E1517430EEF4485941
Name of Employer American Academy of Dermatology		Occupation Association Management	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"/> 45.46
		<input type="text"/> 227.30	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Karen Collishaw		Date of Receipt
	Mailing Address 3 Thorburn Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Gaithersburg	MD	20878-2627
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AFA6C143FE075461EB17
Name of Employer American Academy of Dermatology		Occupation Association Management	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"/> 84.00
		<input type="text"/> 504.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kelley Pagliai Redbord		Date of Receipt
	Mailing Address 2425 L St NW Apt 210		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 15 / 2011
	City	State	Zip Code
	Washington	DC	20037-2416
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A12DC84EC5E0F4C9886E
Name of Employer Dermatology Surgery Group of Northern		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"/> 250.00
		<input type="text"/> 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 379.46
<b>TOTAL</b> 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 22 / 43  
(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)  
Ronald B. Prussick

Mailing Address 11102 S Glen Rd

City Potomac State MD Zip Code 20854-1845

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 06 / 15 / 2011

Transaction ID: A333B607E3C8B4004A77

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Melda A. Isaac

Mailing Address 2435 California St NW

City Washington State DC Zip Code 20008-1615

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 06 / 15 / 2011

Transaction ID: A34329135BEEE4706B22

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Valerie D. Callender

Mailing Address 12600 Longwater Dr

City Bowie State MD Zip Code 20721-2531

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 06 / 15 / 2011

Transaction ID: AA0CBDE7C8137495AB0A

Amount of Each Receipt this Period 250.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 43  
(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)  
Cylburn E. Soden

Mailing Address 16614 Harbour Town Dr

City State Zip Code  
Silver Spring MD 20905-4084

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

Name of Employer Self-Employed Occupation  
Self-Employed Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2011

**Transaction ID:** AB7E4E65AB1124F009AE

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph S. Susa

Mailing Address 121 Lakeview Dr.  
Apt 303

City State Zip Code  
Sunnyvale TX 75182-5011

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

Name of Employer Cockerell and Associates Occupation  
Cockerell and Associates Dermatopathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A394147DC683C4C86B90

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel David Witheiler

Mailing Address 5415 Edgehollow Pl

City State Zip Code  
Dallas TX 75287-7506

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

Name of Employer Self-Employed Occupation  
Self-Employed Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A50AA9EBC256B42F485F

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 43  
(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)  
Dr. William D. Posten

Mailing Address 6717 Prestonshrie Lane

City State Zip Code  
Dallas TX 75225-2713

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

Name of Employer Occupation  
Mohs Surgery Specialists Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A87E1F3D959A14FFBBBB

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Clay J Cockerell

Mailing Address 4312 Arcady

City State Zip Code  
Dallas TX 75205-3704

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

Name of Employer Occupation  
Cockerell & Associates Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A8AA38907E5BB40FF8A8

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven R. Feldman

Mailing Address 807 Chester Rd

City State Zip Code  
Winston Salem NC 27104-1707

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

Name of Employer Occupation  
WFU - School of Medicine Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A6E5FF05D72154CA7A82

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 43

(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)

Lisa A. Garner

Mailing Address 1830 Eastern Hills Dr

City State Zip Code  
Garland TX 75043-1411

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

Name of Employer Occupation  
Self Employed Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: A761BB7C5E5A0462E967

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Amit G. Pandya

Mailing Address 5116 Oak Tree Cir

City State Zip Code  
Dallas TX 75287-7514

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

Name of Employer Occupation  
Univ of TX Southwestern Medical Center Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: ADA2567B75E3644F6B2A

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Jennifer B. Perone

Mailing Address 5048 Trail Lake Dr

City State Zip Code  
Plano TX 75093-7529

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

Name of Employer Occupation  
Surgical Dermatology Associates Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: ADA8A8C3EBFD24329933

Amount of Each Receipt this Period  
250.00

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

750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 43  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Sarah B. Weitzul

Mailing Address 5838 Glendora Ave

City State Zip Code  
Dallas TX 75230-5050

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

Name of Employer Surgical Dermatology Associates  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** AD0D920F3AEFF4458811

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart M. Brown

Mailing Address 12508 Matisse Ln

City State Zip Code  
Dallas TX 75230-1742

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

Name of Employer Self Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** AD0C78743EB31498BB69

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Priya S. Zeikus

Mailing Address 401 Crescent Dr

City State Zip Code  
Pottsboro TX 75076-3189

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

Name of Employer Self Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A8D0E9782B0BC4BA6975

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 43  
(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)  
Farhad Niroomand

Mailing Address 1135 N Oak Cliff Blvd

City State Zip Code  
Dallas TX 75208-3131

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A3EBDC28B8C4C4369B7B

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Bill V. Way

Mailing Address 803 Rock Canyon Dr

City State Zip Code  
Duncanville TX 75137-2943

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

Name of Employer Self Employed Occupation  
Self Employed Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A51795DF11E1D4732896

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Seemal Desai

Mailing Address 3827 Holland Ave  
Apt A

City State Zip Code  
Dallas TX 75219-4532

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

Name of Employer Center for Skin & Cosmetic Dermatology Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2011

**Transaction ID:** A61E3D4D1F0D34986AA9

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 43  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Wynn Hugh Kao	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 915 Toll House Ave Ste 301	<b>Transaction ID:</b> AE79B817E870A4F30B53
	City State Zip Code Frederick MD 21701-5912	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth J. Tomecki	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 2983 Brighton Rd	<b>Transaction ID:</b> A0BBC8DA43AB841D6BAE
	City State Zip Code Cleveland OH 44120-1720	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cleveland Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Peter J. Jenkin	Date of Receipt MM / DD / YYYY 06 / 20 / 2011
	Mailing Address 2315 86th Ave NE	<b>Transaction ID:</b> A91E20479D892498D9C2
	City State Zip Code Seattle WA 98115-3317	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Dermatology Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>915.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 43  
(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) Ronald E. Grimwood		Date of Receipt MM / DD / YYYY 06 / 20 / 2011
Mailing Address 2308 Deerfield Dr		<b>Transaction ID:</b> AC9F922B5DFE94A69B82
City Temple	State TX	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dr. Michael Borok		Date of Receipt MM / DD / YYYY 06 / 20 / 2011
Mailing Address 448 Kelton Ave Apt 2		<b>Transaction ID:</b> A1FBD58B6619045C3A70
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Robert Martin Miller		Date of Receipt MM / DD / YYYY 06 / 20 / 2011
Mailing Address 3515 Royal Woods Dr		<b>Transaction ID:</b> A242048A770814FDA9EB
City Sherman Oaks	State CA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>865.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 43

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

**A.**

Full Name (Last, First, Middle Initial)

David C. Horowitz

Mailing Address 23550 Hawthorne Blvd  
Ste 200

City State Zip Code  
Torrance CA 90505-4722

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

Name of Employer Self Employed Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 0 / 2 0 1 1

Transaction ID: A8ED792B317FB4CDF9D9

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David E. Bertler

Mailing Address 660 Maple View Ct

City State Zip Code  
Oneida WI 54155-9276

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 6 / 2 0 / 2 0 1 1

Transaction ID: A59CB306A059B4D96B5B

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy Joseph Anders

Mailing Address 32 Tremore Way

City State Zip Code  
Holland OH 43528-9108

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

Name of Employer Anders Dermatology Occupation  
Anders Dermatology 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 6 / 2 2 / 2 0 1 1

Transaction ID: A8FF4D46A1AB848299B4

Amount of Each Receipt this Period

250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 43  
(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)  
Michael P. Conroy

Mailing Address 9837 Cape Ct

City State Zip Code  
Dublin OH 43017-7050

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

Name of Employer Dermatologists Of Greater Columbus  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID:** A36EB85F6728746EB93E

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Melanie R. Haynes

Mailing Address 9494 Silverthorn Rd

City State Zip Code  
Largo FL 33777-3165

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

Name of Employer Skin Wellness Center  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID:** A44A408AE365D45F1A18

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
John G. Albertini

Mailing Address 1529 Boxthorne Ln

City State Zip Code  
Winston Salem NC 27106-4471

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

Name of Employer The Skin Surgery Center  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2011

**Transaction ID:** AB729A322AAACE4A0993D

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 43  
(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 Howard Mandy

Mailing Address 1000 S Pointe Dr Apt 1404  
Apt 1404

City Miami Beach State FL Zip Code 33139-7343

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: 06 / 22 / 2011  
**Transaction ID:** AB1077CC0E9AC4B7991D  
Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Saryna Putman Young

Mailing Address 54 Bruce Park Dr

City Greenwich State CT Zip Code 06830-7202

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

Name of Employer Westchester Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 22 / 2011  
**Transaction ID:** A03A4D628DDA64A4DB51  
Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial)  
David R. Lane

Mailing Address 3016 Idlewood Cir

City Charlotte State NC Zip Code 28209-1414

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

Name of Employer Dermatologic Surgery of the Carolinas Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 22 / 2011  
**Transaction ID:** ABEF5D5B3C29C4DA4BA8  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Manju E. George		Date of Receipt
	Mailing Address 110 Tranquilla Dr		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Palm Beach Gardens	FL	33418-1744
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AB46C0142A636425A8FE
Name of Employer Pediatric Dermatology of the Palm Beach		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" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jordan Schwartzberg		Date of Receipt
	Mailing Address 7721 Newport Lane		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Parkland	FL	33067-2341
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A7C449B457F2F407F8E7
Name of Employer Boca Raton Skin Institute		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" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Aubrey Chad Hartmann		Date of Receipt
	Mailing Address 2017 Spyglass HI		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Leander	TX	78641-8850
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> A3B197DBCF42D49E59E1
Name of Employer Self-Employed		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" value="365.00"/>
		<input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="865.00"/>
<b>TOTAL</b> 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: (check only one)	PAGE 34 / 43
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Terri Phipps Morris		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 105 Goodloe Dr		<b>Transaction ID:</b> A7423211EE7A749BE925		
	City Fredericksburg	State VA	Zip Code 22401-7009	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer The Dermatology Center	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
365.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen E. Edison		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 9500 W Terrapin Ridge Rd		<b>Transaction ID:</b> A04B8D63E5DE24EDAB8D		
	City Columbia	State MO	Zip Code 65203-9661	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Univ of Missouri Health Care	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Barbara L. Lukash		Date of Receipt MM / DD / YYYY 06 / 28 / 2011		
	Mailing Address 11 Richbell Rd		<b>Transaction ID:</b> A00ACCAE2DD6D4250BA8		
	City Scarsdale	State NY	Zip Code 10583-4436	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self Employed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 35 / 43  
(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)  
Carl A. Johnson

Mailing Address 2610 Blossom St

City Columbia State SC Zip Code 29205-2308

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 06 / 28 / 2011  
**Transaction ID:** AC042C4435F8243CF893  
 Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Merrill G. Liteplo

Mailing Address 1181 Curve St

City Carlisle State MA Zip Code 01741-1137

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 06 / 28 / 2011  
**Transaction ID:** AD79976E09D6B4C6287F  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gerald Bock

Mailing Address 1617 Saint Marks Plz Ste C

City Stockton State CA Zip Code 95207-6423

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 06 / 30 / 2011  
**Transaction ID:** AEED0257FDBB944E08D1  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 43  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Ryan S. Owsley  
 Mailing Address 2834 S Kingsbury Way  
 City Eagle State ID Zip Code 83616-6797  
 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 06 / 30 / 2011  
**Transaction ID:** AEB8BBCDF9C6A4116A53  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Scott Andrew Buckta Collins  
 Mailing Address 14021 Chelsea Dr  
 City Lake Oswego State OR Zip Code 97035-5762  
 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 ▼ 350.00  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID:** A049B70AC1C86404B862  
 Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
David C. Gorsulowsky  
 Mailing Address 147 Degas Rd  
 City Portola Valley State CA Zip Code 94028-7708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fremont Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.00  
 Date of Receipt 06 / 30 / 2011  
**Transaction ID:** AC1588AA7777F4843A4C  
 Amount of Each Receipt this Period 251.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **851.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 43	
	(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

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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter J. Neidenbach		Date of Receipt	
	Mailing Address 110 Club Pointe Dr		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> A2423688B2FE54F34AD3
	Spartanburg	SC	29302-6313	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Westside Dermatology		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	33497.01

**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 38 / 43

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address PO Box 6603 <hr/> City Hagerstown State MD Zip Code 21741-6603 <hr/> Purpose of Disbursement MC/VS Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> BCE8325AD0A2D4DBEB9E Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 914.04
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> B1E7C35083BA34950A27 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period 206.54
	Category/ Type
	Category/ Type

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

1120.58

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

1120.58

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL BURGESS FOR CONGRESS</b></p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B6E49EAC7D8F642E2AC0</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Friends of John Boehner</b></p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCA04481940F94168B66</p> <p>Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MICHAEL BURGESS FOR CONGRESS</b></p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB9998FA855D54A8B93A</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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

**10000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>PALLONE FOR CONGRESS</b></p> <p>Mailing Address <b>PO BOX 3176</b></p> <p>City <b>LONG BRANCH</b> State <b>NJ</b> Zip Code <b>07740</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p> <p>Candidate Name <b>Rep. Frank Pallone, Jr.</b> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: <b>NJ</b> District: <b>06</b></p>	<p><b>Transaction ID:</b> B27B99156E9F14C56810</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PASCRELL FOR CONGRESS INC.</b></p> <p>Mailing Address <b>POB 640</b></p> <p>City <b>Totowa</b> State <b>NJ</b> Zip Code <b>07511</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p> <p>Candidate Name <b>Rep. Bill J. Pascrell, Jr.</b> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: <b>NJ</b> District: <b>08</b></p>	<p><b>Transaction ID:</b> BD982EE66C0154E40853</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">16</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>Becerra for Congress</b></p> <p>Mailing Address <b>PO Box 261060</b></p> <p>City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90026</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p> <p>Candidate Name <b>Rep. Xavier Becerra</b> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input 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: <b>CA</b> District: <b>31</b></p>	<p><b>Transaction ID:</b> B709110B3F6DD4F65A88</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">2011</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>

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

**7500.00**

**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 41 / 43

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8F7748BAC9AC4EB0ACC Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Rosa L. DeLauro <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5DEFDEB6C4EF490EB8A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Inc. <hr/> Mailing Address PO Box 80126 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Charles W. Boustany, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF0BF891244514D67989 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 08</p>	<p><b>Transaction ID:</b> BEF334282ED26431AB1A</p> <p>Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address PO Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Pete Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 13</p>	<p><b>Transaction ID:</b> B9CA79367E49F463AB31</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE</p> <p>Mailing Address 631-B Pennsylvania Ave., SE Basement UNIT</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> BC67857C38DFF4C8A965</p> <p>Date of Disbursement 06 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

12500.00

**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 43 / 43

<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)

FREEDOM PROJECT; THE

Transaction ID: B4AC0F36CB1234B2AAAD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	1

Mailing Address 631-B Pennsylvania Ave., SE  
Basement UNIT

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

-15000.00
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Purpose of Disbursement  
VOID -

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼

State: District:

Other2011

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

-15000.00
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TOTAL This Period (last page this line number only) ..... ►

25000.00
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