

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 23 2010 through 12 31 2010

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

Signature of Treasurer Electronically Filed by Steven Debnar Date 01 27 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		273974.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	239703.24									
(c) Total Receipts (from Line 19) .....	18908.00	315526.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	258611.24	589500.90								
7. Total Disbursements (from Line 31) .....	1236.17	332125.83								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	257375.07	257375.07								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	13529.00	264750.50
(ii) Unitemized .....	5379.00	50776.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18908.00	315526.75
(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) .....	18908.00	315526.75
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)) .....	18908.00	315526.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18908.00	315526.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	236.17	6125.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	236.17	6125.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	326000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1236.17	332125.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1236.17	332125.83

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18908.00	315526.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18908.00	315526.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	236.17	6125.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	236.17	6125.83

**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 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David C. Adams	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 2427 Rocky Shores Dr	<b>Transaction ID:</b> A5FF790ADEF1A4205A04
	City State Zip Code Niceville FL 32578-2370	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Emerald Coast Dermatology and Skin Sur Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maryam Mandana Asgari	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 852 Los Robles Ave	<b>Transaction ID:</b> A63A43E467F264BEDB63
	City State Zip Code Palo Alto CA 94306-3124	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Kaiser 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) Dr. Scott Bennion	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 2800 Garden Creek Rd	<b>Transaction ID:</b> AF92612BA00F2478F88F
	City State Zip Code Casper WY 82601-6600	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

<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: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Clarence William Brown, Jr.	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 156 W Superior St # 901	<b>Transaction ID:</b> AB0268914627842DE8CC
	City State Zip Code Chicago IL 60654-1922	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) Carmen David Campanelli	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 14 Shadow Ln	<b>Transaction ID:</b> AFBAB333659AA4DE0B4D
	City State Zip Code Chadds Ford PA 19317-9334	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Yardley Dermatology 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) Leslie Robin Coker	Date of Receipt MM / DD / YYYY 12 / 22 / 2010
	Mailing Address 52 Cedar Lane	<b>Transaction ID:</b> A500C46A60BA147FF9B1
	City State Zip Code Newport News VA 23601-3644	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) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Karen Collishaw Mailing Address 3 Thorburn Road City Gaithersburg State MD Zip Code 20878-2627 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0 <b>Transaction ID:</b> A8FF4A67FADFF45BF885 Amount of Each Receipt this Period 84.00
	Name of Employer American Academy of Dermatology Occupation Association Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 924.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Raymond L. Cornelison, Jr. Mailing Address 1716 Elmhurst Ave City Nichols Hills State OK Zip Code 73120-1012 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 1 0 <b>Transaction ID:</b> A8D2CC50A1F964D4AB63 Amount of Each Receipt this Period 1250.00
	Name of Employer Univ of Oklahoma Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	Aggregate Year-to-Date ▼ 5000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Renuka Diwan Mailing Address 30855 Riviera Ln City Westlake State OH Zip Code 44145-1785 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 1 0 <b>Transaction ID:</b> AEC5C6F58F9D5447C8AB Amount of Each Receipt this Period 250.00
	Name of Employer Laser & Skin Surgery 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>1584.00</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 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marsha L. DuPree	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 51 Pojac Point Rd	<b>Transaction ID:</b> A8DB7513ABF844D33BCF
	City State Zip Code North Kingstown RI 02852-1022	Amount of Each Receipt this Period 200.00
	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 ▼ 1400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wayne A. Fagan	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address PO Box 3435	<b>Transaction ID:</b> A70FA30636F9641D0B02
	City State Zip Code Corpus Christi TX 78463-3435	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 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) Heidi E. Fleischmann	Date of Receipt MM / DD / YYYY 12 / 07 / 2010
	Mailing Address 1512 Cornell Dr NE	<b>Transaction ID:</b> ACC6258117AD74CD287B
	City State Zip Code Albuquerque NM 87106-3704	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer New Mexico Dermatology Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</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 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Greenan

Mailing Address 9418 Balfour Drive

City State Zip Code  
Bethesda MD 20814-5710

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

Name of Employer American Academy of Dermatology  
Occupation Association Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** AAD8BB6DC2E4A4EF7918

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven S. Greenbaum

Mailing Address 232 Ravenscliff Rd

City State Zip Code  
Wayne PA 19087-4732

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

Name of Employer Dermatologic Surgery Associates, PC  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** A339DC365539D4BFF9CB

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Katherine Renee Hamlet

Mailing Address 870 Azalea PI SE

City State Zip Code  
Aiken SC 29801-7202

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

Name of Employer Southside Dermatology  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

**Transaction ID:** A5C1384327E1D474892B

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) J. William Holtze	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 5300 Woodland Ave	<b>Transaction ID:</b> A10C9F1CBEC0F45D09B0
	City State Zip Code Des Moines IA 50312-1946	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation The Iowa Clinic PC Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey C. Houin, Jr.	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 4830 Acorn Dr	<b>Transaction ID:</b> A112E8E8067D44DB1B0E
	City State Zip Code Belden MS 38826-9545	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Dermatology Center of North MS, PA 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) Mary Elizabeth Hurley	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 4938 Brookview Dr	<b>Transaction ID:</b> A09D91DD813394454BEF
	City State Zip Code Dallas TX 75220-3918	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation North Dallas Dermatology Associates 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) .....	▶	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: PAGE 12 / 21  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
John L. Jennings, Jr.  
Mailing Address 119 Point Shore Dr

City State Zip Code  
Goldsboro NC 27534-8957

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

Name of Employer Occupation  
Goldsboro Skin Center Physician

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

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

**Transaction ID:** AA7232A5F7C0C4ED0AD7

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Carl A. Johnson  
Mailing Address 2610 Blossom St

City State Zip Code  
Columbia SC 29205-2308

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** AAC60543D97A846689F7

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Albert A. Kattine  
Mailing Address 6342 Shadow Ridge Ct

City State Zip Code  
Brentwood TN 37027-5657

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 ▼ 1250.00

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

**Transaction ID:** ABFEFC939C929464BAA6

Amount of Each Receipt this Period  
125.00

**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: (check only one)	PAGE 13 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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) Roger S. Knutsen		Date of Receipt MM / DD / YYYY 12 / 18 / 2010	
	Mailing Address 1518 Forest Dr		<b>Transaction ID:</b> AB97144FB93044C06A49	
	City	State	Zip Code	Amount of Each Receipt this Period
	Rapid City	SD	57701-4448	500.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer West River 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>B.</b>	Full Name (Last, First, Middle Initial) Joshua M. Levin		Date of Receipt MM / DD / YYYY 12 / 22 / 2010	
	Mailing Address 5281 Aberdene St		<b>Transaction ID:</b> A2C297024A1A547869B5	
	City	State	Zip Code	Amount of Each Receipt this Period
	Center Valley	PA	18034-9550	250.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Advanced Dermatology Associates		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) Stephen Howard Mandy		Date of Receipt MM / DD / YYYY 12 / 23 / 2010	
	Mailing Address 1000 S Pointe Dr Apt 1404		<b>Transaction ID:</b> ADA7425FD607E42F3896	
	City	State	Zip Code	Amount of Each Receipt this Period
	Miami Beach	FL	33139-7343	500.00
	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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<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 14 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Dr

City Birmingham State AL Zip Code 35244-1639

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

Name of Employer Martin Dermatology and Sk-in Wellness Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 14 / 2010

**Transaction ID:** A6DB16AE3772F4941B39

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Larry Edward Millikan

Mailing Address 5330 Kingswood Ct

City Cumming State GA Zip Code 30040-0515

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

Name of Employer Tulane Affiliates Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 12 / 08 / 2010

**Transaction ID:** A015B56FEF527477796D

Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Maithily A. Nandedkar

Mailing Address 717 N Garfield St

City Arlington State VA Zip Code 22201-2034

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

Name of Employer Professional Dermatology Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2010

**Transaction ID:** A43917BA7531F49368B6

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1465.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert L. Orme		Date of Receipt MM / DD / YYYY 12 / 07 / 2010		
	Mailing Address 11760 S 700 E Ste 210		<b>Transaction ID:</b> AC8B101F451F84673AB4		
	City Draper	State UT	Zip Code 84020-6605	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self Employed		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Eduardo G. Rivera		Date of Receipt MM / DD / YYYY 12 / 14 / 2010		
	Mailing Address 3652 Shoshonee Dr		<b>Transaction ID:</b> ADE6A027B9E224E54880		
	City Columbus	State IN	Zip Code 47203-2522	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Skin Solutions		Occupation Dermatologist		
	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) Alan S. Rockoff		Date of Receipt MM / DD / YYYY 12 / 07 / 2010		
	Mailing Address 36 Bullough Park		<b>Transaction ID:</b> ACF23689710B7430EB07		
	City Newtonville	State MA	Zip Code 02460-2479	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 Dermatologist		
	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) .....	▶	865.00
<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 / 21  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kristine A. Romine

Mailing Address 4925 E Palomino Rd

City State Zip Code  
Phoenix AZ 85018-1815

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

Name of Employer Camelback Dermatology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

**Transaction ID:** A574D73EF3C684F5582E

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Sarah K. Short Sarbacker

Mailing Address 1309 S Jefferson Ave

City State Zip Code  
Sioux Falls SD 57105-0229

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** AB3899FFFAD774B5C98C

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Marvin D. Siegel

Mailing Address 2529 Indian Mound Rd

City State Zip Code  
Bloomfield Hills MI 48301-2267

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

**Transaction ID:** AAC3E5A88AD78417AB57

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 17 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Cathy A. Slater

Mailing Address 6179 Windchase Dr

City Rocky Mount State NC Zip Code 27803-8780

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

Name of Employer Slater Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 14 / 2010  
**Transaction ID: AC361C87D41A44A65B5C**  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven A. Smith

Mailing Address 11402 S 69th East Ave

City Bixby State OK Zip Code 74008-8239

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

Name of Employer Smith Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2010  
**Transaction ID: A0523A631AE124F4C99B**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Renee Remi Snyder

Mailing Address 998 Redbud Trail

City West Lake Hills State TX Zip Code 78746-3536

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 12 / 22 / 2010  
**Transaction ID: A3B17A2BEEF084514A1E**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**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 18 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Gloria J. Stevens		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
Mailing Address 886 W Foothill Blvd Ste G		<b>Transaction ID:</b> A8043DD36245F40FD9B0
City Upland	State Zip Code CA 91786-3780	
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) Sabra Sullivan		Date of Receipt MM / DD / YYYY 12 / 14 / 2010
Mailing Address 102 Hidden Hts		<b>Transaction ID:</b> AB00A2FD668FD455A8F0
City Ridgeland	State Zip Code MS 39157-8626	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Dermatology Associates, LLC	Occupation Physician	Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Jennifer L. Vis		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 13015 Woodrush Dr		<b>Transaction ID:</b> A4B7B38D5E4A74648B2F
City Grand Haven	State Zip Code MI 49417-8323	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Lakeshore Dermatology Laser & Medical	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) .....	<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 19 / 21	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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) Robert W. Walters		Date of Receipt																					
	Mailing Address 323 Camino Del Oro		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	3	0	/	2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> A8A8A828948BC452B81C																			
	Corrales	NM	87048-9007																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Dermatology & Skin Cancer Center of Ne		Occupation Physician		<input type="text" value="500.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="13529.00"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.	Full Name (Last, First, Middle Initial) American Express <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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCBD4D9E5963C4EBC9C9 Date of Disbursement 12 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 71.25
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: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B805EF046C9964991A4E Date of Disbursement 12 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 30.00
C.	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 VS/MC Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9569099626934331B8B Date of Disbursement 12 / 06 / 2010 <hr/> Amount of Each Disbursement this Period 134.92

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

236.17

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

236.17

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Other2010

Transaction ID: BD84E234972284BB3BEA

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00
---------

Category/ Type
-------------------

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

1000.00

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

1000.00