

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 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

Full Name (Last, First, Middle Initial) A. Diane Scott		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 0 / 2 0 0 7
Mailing Address 148 Corinthian Cir		Transaction ID: 3eef326b272a0d94bf7
City State Zip Code Jupiter FL 33458-3601	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Full Name (Last, First, Middle Initial) B. Joseph Shaffer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 7
Mailing Address Ste 220 1185 Town Centre Dr		Transaction ID: BE176558-22FC-4F96-
City State Zip Code Eagan MN 55123-1186	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Dermatology Consultants Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) C. William Sherwin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 7
Mailing Address 121 Gypsy Ln		Transaction ID: dc0735409d63b9fe7d3
City State Zip Code Wynnewood PA 19096-1111	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

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