

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

ADDRESS (number and street) 1350 I St NW
Ste 870
 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 (12G)
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 01 01 2009 through 01 31 2009

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 02 12 2009

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		247678.13
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	247678.13									
(c) Total Receipts (from Line 19)	11058.67	11058.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	258736.80	258736.80								
7. Total Disbursements (from Line 31)	35714.74	35714.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	223022.06	223022.06								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	8367.00	8367.00
(i) Itemized (use Schedule A)	2691.67	2691.67
(ii) Unitemized	11058.67	11058.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	11058.67	11058.67
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))	11058.67	11058.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11058.67	11058.67

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	214.74	214.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	214.74	214.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	35500.00	35500.00
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))..	35714.74	35714.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35714.74	35714.74

DETAILED SUMMARY PAGE
of Disbursements

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	11058.67	11058.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11058.67	11058.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	214.74	214.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	214.74	214.74

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 10

(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

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

A.

Full Name (Last, First, Middle Initial)

Rex A. Amonette

Mailing Address

665 S Willett St

City

Memphis

State

TN

Zip Code

38104-4932

FEC ID number of contributing federal political committee.

C

Name of Employer
Memphis Dermatology Clini-
c, PA

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 3 / 2 0 0 9

Transaction ID: 903c676270cad5f0e70

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Scott M. Dinehart

Mailing Address 28 Chimney Sweep Ln

City

Little Rock

State

AR

Zip Code

72212-2083

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 6 / 2 0 0 9

Transaction ID: b9cc7bfe5beeebeb41a

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Barbara J. Fox

Mailing Address Ste 101
1703 S Meridian

City

Puyallup

State

WA

Zip Code

98371-7590

FEC ID number of contributing federal political committee.

C

Name of Employer
Cascade Eye and Skin Cent-
ers

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: 4ccf5821df64b18059b

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

6250.00

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 7 / 10
(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

A. Full Name (Last, First, Middle Initial)
Cynthia P. Huang

Mailing Address 2906 Winthrop Rd

City State Zip Code
Shaker Heights OH 44120-1828

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2009

Transaction ID: 41ba4bedb135e805942

Amount of Each Receipt this Period
200.00

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 Self Employed Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2009

Transaction ID: 659c4346ea9841cc2ae

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alan R. Shalita

Mailing Address Apt 9B

City State Zip Code
New York NY 10075-1811

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

Name of Employer SUNY Downstate Medical Center Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1667.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2009

Transaction ID: 5a246867ca5e17e17bf

Amount of Each Receipt this Period
1667.00

SUBTOTAL of Receipts This Page (optional) ► 2117.00

TOTAL This Period (last page this line number only) ► 8367.00

**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 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

A. Full Name (Last, First, Middle Initial) Citizens for Altmire Mailing Address PO Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement Contribution Candidate Name Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42483-1292230486869 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 37267-6398431658744 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 15000.00
	Category/Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee Mailing Address 120 Maryland Avenue NE City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 37267-7641870379448 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 15000.00
	Category/Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional)	31000.00
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

A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement Contribution Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42483-1262475848197 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 38585 <hr/> City Dallas State TX Zip Code 75238 <hr/> Purpose of Disbursement Contribution Candidate Name Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28662-6928674578666 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution Candidate Name Thomas E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42483-4296686053276 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

35500.00

Image# 29932167633

Form/Schedule: **F3X**

Transaction ID:
