

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 Washington DC 20005 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2010 through 08 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 09 20 2010

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

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**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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

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 .....	398614.60									
(c) Total Receipts (from Line 19) .....	32435.00	249217.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	431049.60	523191.40								
7. Total Disbursements (from Line 31) .....	18293.53	110435.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	412756.07	412756.07								
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

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:    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) .....	26929.00	211668.00
(ii) Unitemized .....	5506.00	37549.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	32435.00	249217.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	32435.00	249217.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	32435.00	249217.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	32435.00	249217.25

**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.....	293.53	4435.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	293.53	4435.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	106000.00
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))..	18293.53	110435.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18293.53	110435.33

**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) .....	32435.00	249217.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32435.00	249217.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	293.53	4435.33
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	293.53	4435.33

# 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 / 27
	<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) Scott D. Bennion		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 2800 Garden Creek Rd		<b>Transaction ID:</b> AC161DB13EF9F43B99F9		
	City Casper	State WY	Zip Code 82601-6600	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Central Wyoming Skin Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Benjamin D. Bernstein		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 5136 Elder Rd		<b>Transaction ID:</b> AB77A6490D9A14054AC0		
	City Hydes	State MD	Zip Code 21082	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bernstein & Robinson Dermatology, p.a.		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) Darryl M. Bronson		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 767 Park Ave W Ste 310		<b>Transaction ID:</b> ACA12981D6A574B89A23		
	City Highland Park	State IL	Zip Code 60035	Amount of Each Receipt this Period 1000.00	
	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 ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1320.00
<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 7 / 27  
(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) Craig N. Burkhart		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 11 / 2010
Mailing Address 104 Teagan Ct		<b>Transaction ID:</b> ACE96F690FC034154894
City Chapel Hill	State Zip Code NC 27516	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">100.00</span>
Name of Employer The Univ of NC at Chapel Hill	Occupation Physician	<b>Transaction ID:</b> AFEB4D5AB317243A7A56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span>	

**B.**

Full Name (Last, First, Middle Initial) Paul S. Cabiran		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 27 / 2010
Mailing Address 209 Hospital Dr Ste 302		<b>Transaction ID:</b> AFEB4D5AB317243A7A56
City Highlands	State Zip Code NC 28741-7616	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span>
Name of Employer Highlands Dermatology	Occupation Physician	Direct Mail 2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span>	

**C.**

Full Name (Last, First, Middle Initial) Jeffrey Phillip Callen		Date of Receipt <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 05 / 2010
Mailing Address 5107 Long Knife Run		<b>Transaction ID:</b> A6DA43B51BC6E477198C
City Louisville	State Zip Code KY 40207	
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>		Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span>
Name of Employer Associates in Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 27  
(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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Janet J. Cash</p> <p>Mailing Address 1902 Vestwood Hills Ct</p> <p>City State Zip Code Vestavia AL 35216</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Southview Medical Group Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 17 / 2010</span></p> <p><b>Transaction ID:</b> A19F90C901D164034A3B</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph J. Chanda</p> <p>Mailing Address 207 Silver Palm Ave</p> <p>City State Zip Code Melbourne FL 32901</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self-Employed Dermatologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 25 / 2010</span></p> <p><b>Transaction ID:</b> AA85812D111E747CA978</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Clay J Cockerell</p> <p>Mailing Address 4312 Arcady</p> <p>City State Zip Code Dallas TX 75205-3704</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Cockerell &amp; Associates Dermatologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 16 / 2010</span></p> <p><b>Transaction ID:</b> A64E2C414C12C4D9A808</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 27  
(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)  
William Luther Coker, Jr.

Mailing Address 200 Wendwood Dr

City State Zip Code  
Newport News VA 23602

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  
MM / DD / YYYY  
08 / 17 / 2010

**Transaction ID:** A3906ACC1ACDC4DFDA1D

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Brett M. Coldiron

Mailing Address 1105 River Hill Dr

City State Zip Code  
Covington KY 41011

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 ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2010

**Transaction ID:** AFEC3A296076442EBA16

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Andrew Buckta Collins

Mailing Address 14021 Chelsea Dr

City State Zip Code  
Lake Oswego OR 97035-5762

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  
08 / 17 / 2010

**Transaction ID:** A6822B82CC7BA4C218E8

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5750.00**

**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 10 / 27
	<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) Karen Collishaw		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address 1445 New York Ave NW Ste 800		<b>Transaction ID:</b> A87175DCEAC544E729D6		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	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 ▼ 588.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Foy W. Cox		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address PO Box 1142		<b>Transaction ID:</b> A216DF6BF422F4582922		
	City Penn Valley	State CA	Zip Code 95946	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 ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen D. Craig		Date of Receipt MM / DD / YYYY 08 / 18 / 2010		
	Mailing Address 2288 N Merrit Creek Loop		<b>Transaction ID:</b> A92C55C5C3C104D5FAFB		
	City Coeur D Alene	State ID	Zip Code 83814	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer North Idaho Dermatology		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	434.00
<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 11 / 27  
(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) Edward Patrick Creehan	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 8393 Tampico Ct	<b>Transaction ID:</b> AC692D895A77D4A1FACA
	City State Zip Code Fair Oaks CA 95628	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Fort Sutter Medical Complex	Occupation Dermatologist	
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) Marsha L. DuPree	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 51 Pojac Point Rd	<b>Transaction ID:</b> AEB8CAF8494004663815
	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 Marsha Dupree Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Peter G. Ehrnstrom	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 3841 Piper St Ste T4-020	<b>Transaction ID:</b> A486244A51DC24DC4846
	City State Zip Code Anchorage AK 99508	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Alaska Center for Dermatology	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

<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: (check only one)	PAGE 12 / 27
	<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) Steven R. Feldman		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 807 Chester Rd		<b>Transaction ID:</b> A84CE613C77394408B03		
	City Winston Salem	State NC	Zip Code 27104	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer WFU - School of Medicine	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Virginia Rutledge Forney		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 59 E Park Ln NE		<b>Transaction ID:</b> A17949E10D6B24651967		
	City Atlanta	State GA	Zip Code 30309	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dermatology Affiliates	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa A. Garner		Date of Receipt MM / DD / YYYY 08 / 06 / 2010		
	Mailing Address 1830 Eastern Hills Dr		<b>Transaction ID:</b> A2AE5579DCF7342D6830		
	City Garland	State TX	Zip Code 75043	Amount of Each Receipt this Period 550.00	
	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2050.00
<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 13 / 27  
(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)  
Bryon L. Gaul

Mailing Address 16854 257th Ave

City Spirit Lake State IA Zip Code 51360

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

Name of Employer: Gaul Dermatology Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 17 / 2010  
**Transaction ID:** A0295E8C7AC284A788EC  
 Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Gloria F. Graham

Mailing Address 106 Cypress Dr

City Pine Knoll Shores State NC Zip Code 28512

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

Name of Employer: Down East Associates PA Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt: 08 / 18 / 2010  
**Transaction ID:** AB832AF951EB34F51BF9  
 Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert David Greenberg

Mailing Address 73 Autumn Dr

City South Windsor State CT Zip Code 06074

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

Name of Employer: Vernon Medical Arts Building Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 05 / 2010  
**Transaction ID:** A8259F183C460403DB5A  
 Amount of Each Receipt this Period: 1000.00

**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: (check only one)	PAGE 14 / 27
	<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) Anna Demirdjian Guanche		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 24948 Lorenzo Ct		<b>Transaction ID:</b> A07FA446234854543B1D
City Calabasas	State Zip Code CA 91302	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Bella Skin Institute	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**B.**

Full Name (Last, First, Middle Initial) Lance B. Henry		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
Mailing Address 1596 Steele Rd		<b>Transaction ID:</b> AF4715E78EFC642D4827
City Springdale	State Zip Code AR 72762-6305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Dermatology & Sk- in Cancer Cen	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Charles Douglas Hensley		Date of Receipt MM / DD / YYYY 08 / 26 / 2010
Mailing Address 305B Middletown Park Pl		<b>Transaction ID:</b> A92F968155BB448FD8B2
City Louisville	State Zip Code KY 40243-2514	
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>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 15 / 27
	<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) Eric W. Herman		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 411 60th St		<b>Transaction ID:</b> AE6672D653A044CDA89E		
	City West New York	State NJ	Zip Code 07093	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>B.</b>	Full Name (Last, First, Middle Initial) Ann C. Hill		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 210 E 47th St Apt 1A		<b>Transaction ID:</b> ABDA064FEBECF4F7B867		
	City New York	State NY	Zip Code 10017-2104	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) Michael J. Huether		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 5980 N La Cholla Blvd		<b>Transaction ID:</b> AA46D50E53A97463ABE2		
	City Tucson	State AZ	Zip Code 85741	Amount of Each Receipt this Period 1000.00	
	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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<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 / 27  
(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) Brian T. Johnson Mailing Address 3930 Executive Dr City State Zip Code Palm Harbor FL 34685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Trinity Dermatology and Aesthetic Cent Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0 <b>Transaction ID:</b> A0F16CF6E8C1D46DA811 Amount of Each Receipt this Period 250.00
<b>B.</b>	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. <b>C</b> Name of Employer Occupation Self Employed Dermatologist Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 750.00	Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 <b>Transaction ID:</b> ADC833DEBD5D84DDAB19 Amount of Each Receipt this Period 125.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Jessica J. Krant Mailing Address 220 W 71st St Apt 3 City State Zip Code New York NY 10023 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Dermatology Consultants of Westchester Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0 <b>Transaction ID:</b> AC5B0B6EB02C144D39A5 Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1375.00</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 / 27  
(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
							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)  
Darlene J. Kwee

Mailing Address 16 Saddlewood Ct

City Belle Mead State NJ Zip Code 08502-5740

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 08 / 28 / 2010  
**Transaction ID: AAD7466121ABD4B188F3**  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Philip James Loboano

Mailing Address 211 Hwy 71

City Spring Lake State NJ Zip Code 07762-1826

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 08 / 26 / 2010  
**Transaction ID: A7FE18CCBB3624627A16**  
Amount of Each Receipt this Period 100.00  
Direct Mail 2

**C.**

Full Name (Last, First, Middle Initial)  
Linda Susan Marcus

Mailing Address 436 William Way N

City Wyckoff State NJ Zip Code 07481

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 08 / 17 / 2010  
**Transaction ID: A80D8D33AE0D2415397D**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 18 / 27
	<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) Elizabeth Shannon Martin	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 861 Tulip Poplar Dr	<b>Transaction ID:</b> A4D106633D4614868B92
	City State Zip Code Birmingham AL 35244-1639	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Martin Dermatology and Sk-in Wellness	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Elizabeth Shannon Martin	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 861 Tulip Poplar Dr	<b>Transaction ID:</b> AAA95DB85FE8F4686964
	City State Zip Code Birmingham AL 35244-1639	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Martin Dermatology and Sk-in Wellness	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Charity Foster McConnell	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 5095 Heathrow Blvd	<b>Transaction ID:</b> AE1FAA4F181DB4AE595E
	City State Zip Code Brentwood TN 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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</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 / 27  
(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)  
Alvin Henry Meyer, Jr.

Mailing Address 5651 Frist Blvd  
Ste 509

City Hermitage State TN Zip Code 37076

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 ▼ 300.00

Date of Receipt 08 / 17 / 2010  
**Transaction ID:** A6E179A7AFD034812834  
Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Kendall A. Morrison

Mailing Address 660 Holiday Dr

City Crossville State TN Zip Code 38555

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

Name of Employer Cumberland Dermatology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2010  
**Transaction ID:** A009C528BFE834C54AF2  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald L. Moy

Mailing Address 2934 N Beverly Glen Cir  
# 485

City Los Angeles State CA Zip Code 90077-1724

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 ▼ 1250.00

Date of Receipt 08 / 12 / 2010  
**Transaction ID:** AD027734FD666480B93F  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**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 20 / 27  
(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) Eileen Murray		Date of Receipt MM / DD / YYYY 08 / 16 / 2010	
Mailing Address Apt. 2601 400 N Lasalle Street		Transaction ID: A5A47DCB120854A7B87A	
City Chicago	State IL	Zip Code 60610	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer American Academy of Dermatology	Occupation Association Management	Aggregate Year-to-Date 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

**B.**

Full Name (Last, First, Middle Initial) Elise Olsen		Date of Receipt MM / DD / YYYY 08 / 09 / 2010	
Mailing Address PO Box 3294		Transaction ID: A1E80C9BC733943C7BDE	
City Durham	State NC	Zip Code 27715-3294	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) ▼			

**C.**

Full Name (Last, First, Middle Initial) Jeffrey Carter Poole		Date of Receipt MM / DD / YYYY 08 / 11 / 2010	
Mailing Address 172 W Oakridge Park		Transaction ID: AA01DC9D6536C4EA79D6	
City Metairie	State LA	Zip Code 70005	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Poole Dermatology	Occupation Dermatologist	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) .....	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: (check only one)	PAGE 21 / 27
	<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) Bernard N. Robinowitz	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 6565 S Yale Ave Ste 508	<b>Transaction ID:</b> AD92C3B45F79F491DB70
	City Tulsa State OK Zip Code 74136	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>B.</b>	Full Name (Last, First, Middle Initial) William S. Sawchuk	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 10000 Park Royal Dr	<b>Transaction ID:</b> AB49371F7EFD94B4CB3D
	City Great Falls State VA Zip Code 22066	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer William Sawchuk MD & Gayle MASRI-Fridl 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) Richard K. Scher	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 25 Sutton Pl S Apt 15C	<b>Transaction ID:</b> A9F9550FD54494E5F83E
	City New York State NY Zip Code 10022	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Univ of North Carolina 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) .....	1500.00
<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 22 / 27
	<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) Marc A. Silverstein	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 11720 Hollenbeck Way	<b>Transaction ID:</b> A90C644F9FB1C44DB864
	City State Zip Code Rancho Cordova CA 95670-8311	Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Eugene Joseph Van Scott	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 3 Hidden Ln	<b>Transaction ID:</b> A876BCD4890EF4A1BBF3
	City State Zip Code Abington PA 19001	Amount of Each Receipt this Period 750.00
	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 ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Rebert Warner	Date of Receipt MM / DD / YYYY 08 / 18 / 2010
	Mailing Address 10002 Prestwich Ter	<b>Transaction ID:</b> A1C4C4BDEAF50445186F
	City State Zip Code Jiamsville MD 21754-9601	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer The Cosmetic & Skin Surgery Center Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1550.00
<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 23 / 27
	<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) Daniel David Witheiler	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 5415 Edgehollow Pl	<b>Transaction ID:</b> A18E8D3AD896B408A9FA
	City State Zip Code Dallas TX 75287	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kim B. Yancey	Date of Receipt MM / DD / YYYY 08 / 17 / 2010
	Mailing Address 7111 Turtle Creek Blvd	<b>Transaction ID:</b> A7F5CFC8F7DF54E8D986
	City State Zip Code Dallas TX 75225	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Univ of Texas Southwestern Medical Cen Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael D. Zanolli	Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 513 Fairfax Ave	<b>Transaction ID:</b> AFD218431639D415DBA5
	City State Zip Code Nashville TN 37212-4010	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Heritage Medical Associates Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	26929.00

**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)

PAGE 24 / 27

<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) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name 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: BDB6EB5E623E14EF2985 Date of Disbursement 08 / 04 / 2010
	Amount of Each Disbursement this Period 119.50 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name 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: BF3C389AD49DE442D836 Date of Disbursement 08 / 04 / 2010
	Amount of Each Disbursement this Period 30.00 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement VS/MC Fees Candidate Name 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: B515D491366764042AC9 Date of Disbursement 08 / 04 / 2010
	Amount of Each Disbursement this Period 144.03 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>293.53</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>293.53</b>

# 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) Boyd for Congress</p> <p>Mailing Address PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA79ED32BE3884ED4B54</p> <p>Date of Disbursement 08 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Eric Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BB656DF4869064B5EBBA</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Rep. Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD9D2909A88EE42DFA8B</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

7000.00

**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 26 / 27

<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) Herron for Congress</p> <p>Mailing Address 142 West Main Street</p> <p>City Dresden State TN Zip Code 38225</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Roy Herron</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 08</p>	<p><b>Transaction ID:</b> BEBA8543DBB0D480280A</p> <p>Date of Disbursement 08 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p>	<p><b>Transaction ID:</b> B6CB975B71B1C4266AF3</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Rep. John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 01</p>	<p><b>Transaction ID:</b> B708A40D467C84D9FAB6</p> <p>Date of Disbursement 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</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 27 / 27

<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) Pete King for Congress Committee <hr/> Mailing Address Post Office Box 1428 <hr/> City State Zip Code Seaford NY 11783 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Rep. Peter T. King <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	<b>Transaction ID:</b> B75D49CA2BA2C499A929 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
	<b>B.</b> Full Name (Last, First, Middle Initial) Rand Paul for Us Senate <hr/> Mailing Address 1332 Andrea St <hr/> City State Zip Code Bowling Green KY 42103 <hr/> Purpose of Disbursement 2010 General Candidate Name Rand Paul <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type

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

3500.00

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

18000.00