

**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 (SkinPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		257375.07
(b) Cash on Hand at Beginning of Reporting Period.....	384008.76	
(c) Total Receipts (from Line 19)	32790.26	388965.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	416799.02	646340.49
7. Total Disbursements (from Line 31).....	914.92	230456.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	415884.10	415884.10
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 (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).....	23660.84	331781.58
(ii) Unitemized	9129.42	57183.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32790.26	388965.42
(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)	32790.26	388965.42
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 Transfers (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))..... ▶	32790.26	388965.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32790.26	388965.42

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	315.92	7107.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	315.92	7107.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	599.00	222099.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	1250.00
(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	1250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	914.92	230456.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	914.92	230456.39

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	32790.26	388965.42
34. Total Contribution Refunds (from Line 28(d))	0.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32790.26	387715.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	315.92	7107.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	315.92	7107.39

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

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

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Donald Kay
 Full Name (Last, First, Middle Initial)
 Mailing Address 2127 Broadway St Apt 1
 City San Francisco State CA Zip Code 94115-1310
 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
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011
Transaction ID : AE9C60607F88C41D8B52
 Amount of Each Receipt this Period
500.00

B. Jack Selwyn Resneck Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7717 Creswell Road # 2
 City Shreveport State LA Zip Code 71106-6031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology & Skin Surgery Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2011
Transaction ID : AE3CB37AE87A64401A2D
 Amount of Each Receipt this Period
300.00

C. Kristine A. Romine
 Full Name (Last, First, Middle Initial)
 Mailing Address 4925 E Palomino Rd
 City Phoenix State AZ Zip Code 85018-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Camelback Dermatology 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 Y Y
 11 / 01 / 2011
Transaction ID : ADF2A6959B2D04BF6B00
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1300.00**
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 7 OF 28
	<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. Yolanda Rosi Helfrich
 Full Name (Last, First, Middle Initial)
 Mailing Address 3100 Pittsview Dr
 City Ann Arbor State MI Zip Code 48108-2902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 01 / 2011
Transaction ID : ADFA609382CF743908C6
 Amount of Each Receipt this Period 30.00

B. Frederic R. Rothman
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Weber Rd
 City West Orange State NJ Zip Code 07052-1325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Dermatology Group Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2011
Transaction ID : AD9C96B5D57A244D293A
 Amount of Each Receipt this Period 250.00

C. Lorna J. Fredrikson
 Full Name (Last, First, Middle Initial)
 Mailing Address 15105 E Pancho Villa Pl
 City Fountain Hills State AZ Zip Code 85268-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arizona Skincare Physicians PLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2011
Transaction ID : AEE09E19B0BEF431C9E8
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	530.00
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 8 OF 28
<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. Gary G. Bolton
Full Name (Last, First, Middle Initial)

Mailing Address 16 Chatham Pl

City Clinton State MS Zip Code 39056-9654

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 09 / 2011
Transaction ID : A1AD698E8FDE24407898

Amount of Each Receipt this Period 300.00

B. Howard Ross Harris
Full Name (Last, First, Middle Initial)

Mailing Address 7347 Stonegate Dr

City Naples State FL Zip Code 34109-7202

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2011
Transaction ID : A3DCEC5F4C4D74BBEAC5

Amount of Each Receipt this Period 500.00

C. Brian A. Harris
Full Name (Last, First, Middle Initial)

Mailing Address 14929 Caleb Dr

City Fort Myers State FL Zip Code 33908-1644

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

Name of Employer Harris Dermatology Inc Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 09 / 2011
Transaction ID : A06DAB98C652B4212A2D

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1300.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 28
(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)

Full Name (Last, First, Middle Initial)
A. Stuart R. Goldenberg

Mailing Address 11900 E. 12 Mile Rd Suite 201

City Warren State MI Zip Code 48093-3490

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

Name of Employer Midwest Ctr for Derm & Cosmetic Surger Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
11 / 09 / 2011
Transaction ID : AEE846F903BD448C2931

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Eric W. Herman

Mailing Address 411 60th St

City West New York State NJ Zip Code 07093-2211

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
11 / 09 / 2011
Transaction ID : A18A9DE9E00A84242B24

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Michael J. Dannenberg

Mailing Address 25 Bob O Link Ln

City Northport State NY Zip Code 11768-3307

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

Name of Employer Dermatology Associates of Huntington, Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 09 / 2011
Transaction ID : A7CB97894F00F417D98E

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

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 10 OF 28
(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. Jennifer L. Vis
Full Name (Last, First, Middle Initial)
Mailing Address 13015 Woodrush Dr
City Grand Haven State MI Zip Code 49417-8323
FEC ID number of contributing federal political committee. **C**
Name of Employer Lakeshore Dermatology Laser & Medical Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 09 / 2011
Transaction ID : AB71C8C474B9A423BADC
Amount of Each Receipt this Period 250.00

B. Steven F. Stanowicz
Full Name (Last, First, Middle Initial)
Mailing Address 1506 E. Chapman Ave
City Orange State CA Zip Code 92866-2231
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 11 / 09 / 2011
Transaction ID : A04053D702E354927B02
Amount of Each Receipt this Period 500.00

C. Stephen E. Helms
Full Name (Last, First, Middle Initial)
Mailing Address 8485 Squirrel Hill Dr NE
City Warren State OH Zip Code 44484-2051
FEC ID number of contributing federal political committee. **C**
Name of Employer Warren Dermatology and Allergy Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 10 / 2011
Transaction ID : AA4AA8A8A06C64AA2958
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 28
(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)

Full Name (Last, First, Middle Initial)
A. Craig F. Teller

Mailing Address 4816 Bellview St

City State Zip Code
 Bellaire TX 77401-5306

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

Name of Employer Occupation
 Bellaire Dermatology Associates 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 Y
 11 / 10 / 2011

Transaction ID : AAB306EED348944EAB04

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Wayne A. Fagan

Mailing Address PO Box 3435

City State Zip Code
 Corpus Christi TX 78463-3435

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 ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : AABEF9E6644B8491C89E

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Robert S. DiBacco

Mailing Address 232 E Boca Raton Rd

City State Zip Code
 Boca Raton FL 33432-4063

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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 10 / 2011

Transaction ID : AC4F1356C107F4864B5B

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 12 OF 28
	<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	<input type="checkbox"/> 17

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

A. Wendy E. Livingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Laurel Hill Rd
 City Mountain Lakes State NJ Zip Code 07046-1217
 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2011
Transaction ID : A558AB547BB744E039DF
 Amount of Each Receipt this Period
 300.00

B. Cathy P. Milam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Hillview Dr
 City Sarasota State FL Zip Code 34239-2025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : A2B5482D27D4F4B0CAF2
 Amount of Each Receipt this Period
 250.00

C. Tricia R. Andrews
 Full Name (Last, First, Middle Initial)
 Mailing Address 7744 Deerwood Pt Ct
 City Jacksonville State FL Zip Code 32256-2825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : A91F3C4922D9C4285A33
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 13 OF 28
(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. Sandra I. Read
Full Name (Last, First, Middle Initial)
Mailing Address 6915 Radnor Rd
City Bethesda State MD Zip Code 20817-6328
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Employed INVESTOR
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
4545.50

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : AC67F46B65AE14BE4AB9
Amount of Each Receipt this Period
454.55

B. Raymond L. Cornelison Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 1829 Drakestone Ave
City Nichols Hills State OK Zip Code 73120-4715
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Dermatology Associates Physician
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
3750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : A2BD571A798324BF4A2A
Amount of Each Receipt this Period
1250.00

c. Charity Foster McConnell
Full Name (Last, First, Middle Initial)
Mailing Address 5095 Heathrow Blvd
City Brentwood State TN Zip Code 37027-6538
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Franklin Dermatology Group, PLC Dermatologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 11 / 2011
Transaction ID : A2E377E5F331B434494B
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **1804.55**
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 14 OF 28
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Elizabeth Shannon Martin
 Full Name (Last, First, Middle Initial)
 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 Skin Wellness Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 11 / 2011
Transaction ID : AB776B67EF0F24940A0A
 Amount of Each Receipt this Period 100.00

B. Corrie V. Alford
 Full Name (Last, First, Middle Initial)
 Mailing Address 357 Hepburn Dr
 City Atlanta State GA Zip Code 30349-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.81

Date of Receipt 11 / 11 / 2011
Transaction ID : A04F27D5DF4104B9F812
 Amount of Each Receipt this Period 60.83

C. Christine A. DeWitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2601 Woodley Place NW Apt 1103
 City Washington State DC Zip Code 20008-1570
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Georgetown Univ Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 11 / 2011
Transaction ID : A86BA6672135D45C1858
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.83
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 15 OF 28
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Karen Collishaw

Mailing Address 1445 New York Ave NW Suite 800

City Washington	State DC	Zip Code 20005-2125
--------------------	-------------	------------------------

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 ▼ **924.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : A3406F5452F5240ED8C4

Amount of Each Receipt this Period

84.00

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

Mailing Address 1445 New York Ave NW Suite 800

City Washington	State DC	Zip Code 20005-2125
--------------------	-------------	------------------------

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 ▼ **454.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : AFD863B432ACE46B9A33

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)
C. Marc E. Boddicker

Mailing Address 705 Columbus St

City Rapid City	State SD	Zip Code 57701-3623
--------------------	-------------	------------------------

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

Name of Employer Advanced Dermatology Center, PC	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	11	/	2011

Transaction ID : A6870594C621B41BE82F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	629.46
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 16 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Sabra Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Hidden Hts
 City Ridgeland State MS Zip Code 39157-8626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dermatology Associates, LLC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : A7DBEF8AE2B924987B03
 Amount of Each Receipt this Period
 100.00

B. Hazle Smith Konerding
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Cyril Ln
 City Henrico State VA Zip Code 23229-7740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Dermatology Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4587.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2011
Transaction ID : AE5AE7C000E8647C0B15
 Amount of Each Receipt this Period
 417.00

C. Trisha A. Prossick
 Full Name (Last, First, Middle Initial)
 Mailing Address 14712 W 49th Ct
 City Shawnee State KS Zip Code 66216-5134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Dermatology Associates Occupation Dermatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2011
Transaction ID : AA9BA7634C38344D89D7
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	817.00
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 OF 28
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Christopher Bryant Kruse

Mailing Address 200 Chambers St Apt 14g

City New York State NY Zip Code 10007-1346

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 14 / 2011**

Transaction ID : A87AAC8F2204947B3B27

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
B. N. Fred Eaglstein

Mailing Address 2628 Tacito Trl

City Jacksonville State FL Zip Code 32223-7106

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **11 / 15 / 2011**

Transaction ID : A2D597164FEDD4615A9D

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
c. Sheri J. Lagin

Mailing Address 15 Saint Lukes Pl

City New York State NY Zip Code 10014-3974

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 **11 / 15 / 2011**

Transaction ID : A41D429C28E1E4281917

Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional)..... **1150.00**

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 OF 28
	<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. Glenn Paul Genest
Full Name (Last, First, Middle Initial)

Mailing Address 25 Wren Holw

City Glastonbury State CT Zip Code 06033-2735

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

Name of Employer New England Dermatology and Laser Cent Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 15 / 2011
Transaction ID : AE257C0FEF2C14865A3E

Amount of Each Receipt this Period 500.00

B. Harry W. Saperstein
Full Name (Last, First, Middle Initial)

Mailing Address 10271 Monte Mar Dr

City Los Angeles State CA Zip Code 90064-3426

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

Name of Employer Self-Employed Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 15 / 2011
Transaction ID : AF4943921CB0A4C07ACD

Amount of Each Receipt this Period 400.00

C. Timothy Gerrard Woodall
Full Name (Last, First, Middle Initial)

Mailing Address 120 Woodall Way

City Union State SC Zip Code 29379-8679

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

Name of Employer The Palmetto Skin and Laser Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2011
Transaction ID : A32B150F78BCA43E18F9

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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 19 OF 28
<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. Ann F. Haas
Full Name (Last, First, Middle Initial)

Mailing Address 1819 Vela Pl

City Davis State CA Zip Code 95618-6760

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

Name of Employer Sutter Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011

Transaction ID : A82340525641648B198F

Amount of Each Receipt this Period
125.00

B. Edgar Maeyens Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 375 Park Ave Suite 5

City Coos Bay State OR Zip Code 97420-2242

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

Name of Employer Self-Employed 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 Y Y
 11 / 15 / 2011

Transaction ID : AE3721AEADA514A25BBA

Amount of Each Receipt this Period
250.00

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

Mailing Address 1617 Saint Marks Plz Suite C

City Stockton State CA Zip Code 95207-6423

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2011

Transaction ID : A8DBC903EA734495D863

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 OF 28
(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. Achiamah Osei-Tutu
Full Name (Last, First, Middle Initial)
Mailing Address 111 Lawrence St Apt 22a
City Brooklyn State NY Zip Code 11201-3882
FEC ID number of contributing federal political committee. **C**
Name of Employer Osei Tutu Dermatology Services PC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 274.00

Date of Receipt 11 / 15 / 2011
Transaction ID : A0B8DBA68A76A40B8A03
Amount of Each Receipt this Period 274.00

B. Omar Torres
Full Name (Last, First, Middle Initial)
Mailing Address 205 W. 54th St Apt 11e
City New York State NY Zip Code 10019-5536
FEC ID number of contributing federal political committee. **C**
Name of Employer Cosmetic Surgery and Dermatology PLLC Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2011
Transaction ID : AB42499EBAB4740D8B51
Amount of Each Receipt this Period 250.00

C. Kerry M. Shafran
Full Name (Last, First, Middle Initial)
Mailing Address 5515 Silchester Ln
City Charlotte State NC Zip Code 28215-5324
FEC ID number of contributing federal political committee. **C**
Name of Employer Univ Dermatology, PLLC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 23 / 2011
Transaction ID : ABB3A4F25476047E0915
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1024.00
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 21 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cynthia B. Yalowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Edgewood Ave
 City Larchmont State NY Zip Code 10538-2312
 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
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2011
Transaction ID : AE2B8EDE808A0480BA03
 Amount of Each Receipt this Period
 500.00

B. Sharon F. Tiefenbrunn
 Full Name (Last, First, Middle Initial)
 Mailing Address 6651 Chippewa St Suite 319
 City Saint Louis State MO Zip Code 63109-2532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 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 Y
 11 / 23 / 2011
Transaction ID : A8F042B38F855412DB62
 Amount of Each Receipt this Period
 500.00

C. Stella S. Matsuda
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 N. Kuakini St Suite 703
 City Honolulu State HI Zip Code 96817-6302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 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 Y
 11 / 23 / 2011
Transaction ID : A87BE0AE6714D4B3993A
 Amount of Each Receipt this Period
 500.00

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: (check only one)	PAGE 22 OF 28
	<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	<input type="checkbox"/> 17

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

A. William E. Freeman
Full Name (Last, First, Middle Initial)

Mailing Address 112 Steeplechase Run

City Warner Robins State GA Zip Code 31088-1616

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
11 / 23 / 2011
Transaction ID : A3A2C8BB626C940B788E

Amount of Each Receipt this Period
500.00

B. Jay H. Brachfeld
Full Name (Last, First, Middle Initial)

Mailing Address 3221 NW 23rd Ter

City Boca Raton State FL Zip Code 33431-6233

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

Name of Employer Self-Employed
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
11 / 23 / 2011
Transaction ID : A81C511554A8A4A05ABA

Amount of Each Receipt this Period
400.00

C. Kenneth E. Harper
Full Name (Last, First, Middle Initial)

Mailing Address 1476 Morning Glory Rd NE

City Albuquerque State NM Zip Code 87122-1125

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

Name of Employer NM Dermatology Associates
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 23 / 2011
Transaction ID : AD0D022A8BC63453B8D6

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 23 OF 28
	<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. John R. Cook
Full Name (Last, First, Middle Initial)

Mailing Address 215 Placid Cove Ln

City State Zip Code
Mc Cormick SC 29835-4044

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

Name of Employer Occupation
Self-Employed Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 23 / 2011
Transaction ID : AE292C60931C54D3AB56

Amount of Each Receipt this Period
500.00

B. Daniel King
Full Name (Last, First, Middle Initial)

Mailing Address 35 W High Point Rd

City State Zip Code
Stuart FL 34996-7021

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
11 / 23 / 2011
Transaction ID : A6991E4F1BA4942759AC

Amount of Each Receipt this Period
250.00

C. Lisa R. Hynes
Full Name (Last, First, Middle Initial)

Mailing Address 13613 W Medlock Dr

City State Zip Code
Litchfield Park AZ 85340-4052

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

Name of Employer Occupation
Arrowhead Dermatology Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
11 / 23 / 2011
Transaction ID : ADAF8DF6C890D43FEA13

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

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 24 OF 28
	<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. Christopher Brent Mizelle
Full Name (Last, First, Middle Initial)

Mailing Address 122 Allen Dr

City New Bern State NC Zip Code 28562-7751

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

Name of Employer Eastern Dermatology Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 23 / 2011

Transaction ID : AE3F1D1A276D949A1860

Amount of Each Receipt this Period
250.00

B. Megan Mrstik Bogart
Full Name (Last, First, Middle Initial)

Mailing Address 6990 Scrub Jay Dr

City Sarasota State FL Zip Code 34241-5222

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
11 / 23 / 2011

Transaction ID : AFACA6AAC782541AB96B

Amount of Each Receipt this Period
250.00

C. Kimberly Reynolds Edwards
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Ivydale Ln

City Wilmington State NC Zip Code 28405-4152

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 23 / 2011

Transaction ID : A691B12D017B24B9A823

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: (check only one)	PAGE 25 OF 28
<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. Stephen H. Flax
 Full Name (Last, First, Middle Initial)
 Mailing Address 795 Johnston Ct
 City Winchester State VA Zip Code 22601-6718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Dermatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 11 / 23 / 2011
Transaction ID : AB614846D366E49CEA04
 Amount of Each Receipt this Period 250.00

B. Darryl M. Bronson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 Sheridan Road
 City Highland Park State IL Zip Code 60035-3446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Darryl M Bronson, MD SC Occupation Dermatologist/Dermatopathologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 11 / 26 / 2011
Transaction ID : AFAB33F6A01FC4101935
 Amount of Each Receipt this Period 4000.00

C. Todd Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 Northmeadow Drive
 City Arlington State TX Zip Code 76011-2375
 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 11 / 29 / 2011
Transaction ID : AD8EFCE935ED44FDEA06
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....	4750.00
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 26 OF 28
	<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)

Full Name (Last, First, Middle Initial) A. Toni C. Stockton		Date of Receipt
Mailing Address 1602 E Saltsage Dr		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Phoenix	State AZ	Zip Code 85048-9419
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A004B3C5017024F3099B
Name of Employer Stockton Dermatology		Amount of Each Receipt this Period
Occupation Dermatologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) B. Holly H. Clark		Date of Receipt
Mailing Address 1 Waterway Ct Apt 3c		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Spring	State TX	Zip Code 77380-2645
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ACFE70C2F779F4942B83
Name of Employer The Woodlands Dermatology Assoc		Amount of Each Receipt this Period
Occupation Physician		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="365.00"/>		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text"/>
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="615.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="23660.84"/>

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)

Full Name (Last, First, Middle Initial)

A. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2011

Transaction ID : **B6AD45663BAD24D1CAC7**

Amount of Each Disbursement this Period

242.60

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Amex Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2011

Transaction ID : **BB09AB79FD54A4BF1BB4**

Amount of Each Disbursement this Period

73.32

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

315.92

315.92

**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)

Full Name (Last, First, Middle Initial)

A. Angela Yen Moore

Mailing Address 2501 Royal Glen Ct

City State Zip Code
Arlington TX 76012-5549

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Other2011

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

Transaction ID : BB01895E3E449402ABA4

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Merchant Services

Mailing Address PO Box 6603

City State Zip Code
Hagerstown MD 21741-6603

Purpose of Disbursement
Aristotle Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Other2011

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2011

Transaction ID : BF8A21ADB1C5D41B29DD

Amount of Each Disbursement this Period

99.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

599.00

599.00
