

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1350 I St NW  
Ste 870  
 Check if different than previously reported. (ACC)  
Washington DC 20005

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

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

5. Covering Period 01 01 2008 through 01 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Electronically Filed by Steven Debnar Date 02 11 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">18756.00</td></tr></table>	18756.00	<table border="1" style="width: 100%;"><tr><td align="right">18756.00</td></tr></table>	18756.00								
18756.00												
18756.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">18756.00</td></tr></table>	18756.00	<table border="1" style="width: 100%;"><tr><td align="right">18756.00</td></tr></table>	18756.00								
18756.00												
18756.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">1856.74</td></tr></table>	1856.74	<table border="1" style="width: 100%;"><tr><td align="right">1856.74</td></tr></table>	1856.74								
1856.74												
1856.74												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">16899.26</td></tr></table>	16899.26	<table border="1" style="width: 100%;"><tr><td align="right">16899.26</td></tr></table>	16899.26								
16899.26												
16899.26												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	16931.00	16931.00
(i) Itemized (use Schedule A) .....	1825.00	1825.00
(ii) Unitemized .....	18756.00	18756.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18756.00	18756.00
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)) .....	18756.00	18756.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18756.00	18756.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	856.74	856.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	856.74	856.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	1000.00
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))..	1856.74	1856.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1856.74	1856.74

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18756.00	18756.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18756.00	18756.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	856.74	856.74
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	856.74	856.74

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Cheryl D. Ackerman		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	8													
Mailing Address 368 Ridgewood Ave		<b>Transaction ID:</b> 86595ea62a30464388f																				
City Glen Ridge	State NJ	Zip Code 07028-1513																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>400.00</td></tr> </table>	400.00																			
400.00																						
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 ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>400.00</td></tr> </table>	400.00																				
400.00																						

**B.**

Full Name (Last, First, Middle Initial) John G. Albertini		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	8													
Mailing Address 1529 Boxthorne Ln		<b>Transaction ID:</b> be45d474f0cb6b7f73b																				
City Winston Salem	State NC	Zip Code 27106-4471																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																			
500.00																						
Name of Employer The Skin Surgery Center	Occupation Dermatologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																				
500.00																						

**C.**

Full Name (Last, First, Middle Initial) Anna A. Bar		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	0		2	0	0	8													
Mailing Address Apt 227 555 NW Park Ave		<b>Transaction ID:</b> a8c2a05ccdbfe31adf0																				
City Portland	State OR	Zip Code 97209-3419																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>	250.00																			
250.00																						
Name of Employer OHSU Dept of Dermatology	Occupation Dermatologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>250.00</td></tr> </table>	250.00																				
250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"> <tr><td><b>1150.00</b></td></tr> </table>	<b>1150.00</b>
<b>1150.00</b>		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22  
(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

**A.** Full Name (Last, First, Middle Initial)  
Kay Bishop

Mailing Address 445 N State St

City State Zip Code  
Rigby ID 83442-1249

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  
01 / 17 / 2008

**Transaction ID:** 71c41f610d6ec2bc8cb

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Janet J. Cash

Mailing Address 1902 Vestwood Hills Ct

City State Zip Code  
Birmingham AL 35216-1370

FEC ID number of contributing federal political committee. C

Name of Employer  
POB III Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
01 / 22 / 2008

**Transaction ID:** faf4e78165ea600a6bd

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Lloyd J. Cleaver

Mailing Address PO Box 297

City State Zip Code  
Kirksville MO 63501-0297

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  
01 / 31 / 2008

**Transaction ID:** 7e0904dbe2338e0ec6e

Amount of Each Receipt this Period  
500.00

**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 8 / 22  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John A. Cottam</p> <p>Mailing Address 802 Centerbrook Dr</p> <p>City State Zip Code Brandon FL 33511-8073</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 Self Employed Occupation 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;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">01 / 08 / 2008</span></p> <p><b>Transaction ID:</b> b90afd7d68b1211d816</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mary C. Curry</p> <p>Mailing Address 316 N Locke Ave</p> <p>City State Zip Code Farmington NM 87401-5855</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 Self Employed Occupation 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;">01 / 25 / 2008</span></p> <p><b>Transaction ID:</b> 8b4bd8e3a105838ed2e</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) T. W. Day</p> <p>Mailing Address 24 White Bridge Rd</p> <p>City State Zip Code Nashville TN 37205-1411</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 Self Employed Occupation 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;">01 / 17 / 2008</span></p> <p><b>Transaction ID:</b> a1777821d495323d6f5</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;">1750.00</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 / 22  
(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

**A.** Full Name (Last, First, Middle Initial)  
Scott M. Dinehart

Mailing Address 28 Chimney Sweep Ln

City State Zip Code  
Little Rock AR 72212-2083

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

Name of Employer Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 30 / 2008  
Transaction ID: abbf99b2b9e79409e75  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
James W. Donnelly

Mailing Address 2303 Clifton Forge Dr

City State Zip Code  
Saint Louis MO 63131-3120

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

Name of Employer Associates in Dermatology and Cutaneous Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 08 / 2008  
Transaction ID: 8cf43b3cfef4a2373a7  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Allen B. Filstein

Mailing Address 945 Buckingham Cir NW

City State Zip Code  
Atlanta GA 30327-2701

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: 01 / 30 / 2008  
Transaction ID: de553728b4b6d81a15d  
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 10 / 22

(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

**A.**

Full Name (Last, First, Middle Initial)  
David H. Finkelstein

Mailing Address 411 Garwood Dr

City State Zip Code  
Cherry Hill NJ 08003-3403

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

Name of Employer Occupation  
Alta Dermatology & Skin Care Center Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 8

Transaction ID: 3eccad56a12e3349392

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Wayne H. Fujita

Mailing Address 1060 Noio St

City State Zip Code  
Honolulu HI 96816-5117

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 8

Transaction ID: 5c5815e5b5f326b9d17

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Alfredo E. Gonzalez

Mailing Address Ste 2100  
201 N Lakemont Ave

City State Zip Code  
Winter Park FL 32792-3208

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 8

Transaction ID: b49a2f8a4a233968c96

Amount of Each Receipt this Period  
500.00

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

1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 22
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David L. Graham		Date of Receipt		
	Mailing Address Ste E2 609 S Kelly Ave		M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8		
	City Edmond	State OK	Zip Code 73003-7501	<b>Transaction ID:</b> 41ABF5F0-6898-48B6-	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 251.00		
	Name of Employer Silver Leaf Dermatology	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
251.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Judith Hellman		Date of Receipt		
	Mailing Address Apt 18A 340 E 64th St		M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8		
	City New York	State NY	Zip Code 10021-7514	<b>Transaction ID:</b> 201d83f9364602fd83d	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed	Occupation Dermatologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼  
250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Albert A. Kattine		Date of Receipt		
	Mailing Address 6342 Shadow Ridge Ct		M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8		
	City Brentwood	State TN	Zip Code 37027-5657	<b>Transaction ID:</b> 830fd7b9f06f342239e	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Physician	Occupation Self Employed	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) .....	▶	1501.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22

(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

**A.**

Full Name (Last, First, Middle Initial)

Edward N. Kitces

Mailing Address 315 Roslyn Rd

City State Zip Code  
Richmond VA 23226-1640

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  
0 1 / 0 8 / 2 0 0 8

Transaction ID: 9a551ad08b0c821b47d

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl A. Kosarek

Mailing Address Ste 100  
7300 Remcon Cir

City State Zip Code  
El Paso TX 79912-1643

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 ▼  
365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 8

Transaction ID: b83621e86e9a2da6973

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Keith A. Lopatka

Mailing Address 816 Merry Ln

City State Zip Code  
Oak Brook IL 60523-1420

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

Name of Employer Calumet Dermatology Associates Occupation  
Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 0 8

Transaction ID: e8eb83bf803d1aa50ef

Amount of Each Receipt this Period

250.00

**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: PAGE 13 / 22

(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

**A.**

Full Name (Last, First, Middle Initial)

Robert H. Lund

Mailing Address 440 Marshall St

City State Zip Code  
Duluth MN 55803-1970

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

Name of Employer Occupation  
The Duluth Clinic, Ltd Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 8

Transaction ID: d0ef533591b718103b7

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Linda S. Marcus

Mailing Address 436 William Way N

City State Zip Code  
Wyckoff NJ 07481-1710

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

Name of Employer Occupation  
Self Employed Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 8

Transaction ID: e9ba824ba21852b72f4

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Jason R. Michaels

Mailing Address 2209 Glenbrook Way

City State Zip Code  
Las Vegas NV 89117-5853

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

Name of Employer Occupation  
Aspire Cosmetic MedCenter Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 8

Transaction ID: 2c1ce24fa403d41517f

Amount of Each Receipt this Period  
500.00

**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 14 / 22  
(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

**A.**

Full Name (Last, First, Middle Initial)  
N. E. Morrow

Mailing Address 5662 S Lake Rdg

City Springfield State MO Zip Code 65804-7122

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 01 / 22 / 2008

Transaction ID: 96a170b9afdb52d3adb

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Victor A. Neel

Mailing Address 78 Grotto Ave

City Providence State RI Zip Code 02906-5608

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

Name of Employer Massachusetts General Hospital Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 31 / 2008

Transaction ID: 40c0732255dad842a03

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Isaac M. Novick

Mailing Address 35 Wood Ln

City Woodmere State NY Zip Code 11598-2230

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 01 / 25 / 2008

Transaction ID: 8e709291c86f9fd9f47

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 22
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ida F. Orengo	Date of Receipt MM / DD / YYYY 01 / 10 / 2008
	Mailing Address Department of Dermatology # FB800	<b>Transaction ID:</b> d27309a1cf0d3d7a5a6
	City State Zip Code Houston TX 77030-3411	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Baylor College of Medicine 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) Joan M. Rindler	Date of Receipt MM / DD / YYYY 01 / 17 / 2008
	Mailing Address 5719 Spring Hill Dr	<b>Transaction ID:</b> 58a60abcefb4873adc
	City State Zip Code Ann Arbor MI 48105-9552	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Rindler & Reddy Dermatology, PC 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) Thomas M. Ryan	Date of Receipt MM / DD / YYYY 01 / 17 / 2008
	Mailing Address 11017 E Sprague Ave	<b>Transaction ID:</b> b10d5f4932ecbade922
	City State Zip Code Spokane Valley WA 99206-5247	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<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 / 22  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Andrew J. Scheman

Mailing Address 1048 Edgebrook Ln

City State Zip Code  
Glencoe IL 60022-1044

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

Name of Employer Self Employed Occupation  
Self Employed Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2008

Transaction ID: 282482facdfedb55be7

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
John J. Schmidt

Mailing Address 509 W 17th St

City State Zip Code  
Pueblo CO 81003-2622

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

Name of Employer Self Employed Occupation  
Self Employed Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

Transaction ID: 55c86434619d20ddc6a

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mario J. Sequeira

Mailing Address 1910 Harbor Point Dr

City State Zip Code  
Merritt Island FL 32952-2834

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 ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2008

Transaction ID: 3f280bf2492e819012d

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1865.00**

**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 / 22  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Maral K. Skelsey

Mailing Address 1513 35th St NW

City Washington State DC Zip Code 20007-2729

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

Name of Employer Physician Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 25 / 2008  
Transaction ID: 6d4a387585648e29f7a  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert B. Skinner

Mailing Address 349 Riverbluff Pl

City Memphis State TN Zip Code 38103-4130

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 01 / 31 / 2008  
Transaction ID: d44647b0cdb4956ae54  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
K. L. Spear

Mailing Address 14882 Bellezza Ln

City Naples State FL Zip Code 34110-2752

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 01 / 17 / 2008  
Transaction ID: ea7700c3f8797bd844a  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22  
(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

**A.**

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

Mailing Address 208 Dorchester Ln

City Alamo State CA Zip Code 94507-1756

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 01 / 08 / 2008  
**Transaction ID:** 5f075c3c73e860020f5  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Schield M. Wikas

Mailing Address Ste C  
421 Graham Rd

City Cuyahoga Falls State OH Zip Code 44221-1344

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

Name of Employer Tri County Dermatology Inc Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 31 / 2008  
**Transaction ID:** 1772472f72d664acc51  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Frank W. Yoder

Mailing Address 29 W College Ave

City Westerville State OH Zip Code 43081-2103

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 01 / 30 / 2008  
**Transaction ID:** e9fa17b8ee970329b15  
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 19 / 22
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alexander Zemtsov		Date of Receipt		
	Mailing Address Ste 402 2525 W University Ave		M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 8		
	City Muncie	State IN	Zip Code 47303-3409	<b>Transaction ID:</b> 6579a3e9e9aa2ac9efb	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00		
	Name of Employer University Dermatology Ce- nter	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) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16931.00

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

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

FOR LINE NUMBER: (check only one)

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

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

<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 Fee 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: V29523-2846185564994 Date of Disbursement 01 / 02 / 2008
	Amount of Each Disbursement this Period 267.97
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<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 Fee 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: V29523-3811761736869 Date of Disbursement 01 / 02 / 2008
	Amount of Each Disbursement this Period 533.78
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<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 Fee 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: V29523-3053094744682 Date of Disbursement 01 / 02 / 2008
	Amount of Each Disbursement this Period 54.99
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>856.74</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>856.74</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)

PAGE 21 / 22

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Klein for Congress

Mailing Address 21301 Powerline Road Suite 204

City State Zip Code  
Boca Raton FL 33433

Purpose of Disbursement  
Contribution

Candidate Name  
Ron Klein

Office Sought:  House  
 Senate  
 President

State: FL District: 22

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 86313-9021264910698

Date of Disbursement

01 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00

Image# 28930582718

Form/Schedule: **F3X**

Transaction ID:

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