

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1445 New York Avenue NW
Ste 800
 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 (12S)
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 06 01 2010 through 06 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven J. Debnar

Signature of Treasurer Electronically Filed by Steven J. Debnar Date 07 12 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		273974.15
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	385444.20									
(c) Total Receipts (from Line 19)	29589.00	204146.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	415033.20	478120.40								
7. Total Disbursements (from Line 31)	4151.64	67238.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	410881.56	410881.56								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	25299.00	173628.00
(ii) Unitemized	4290.00	30518.25
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29589.00	204146.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29589.00	204146.25
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	29589.00	204146.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29589.00	204146.25

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	651.64	3738.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	651.64	3738.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	63500.00
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))..	4151.64	67238.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4151.64	67238.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	29589.00	204146.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29589.00	204146.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	651.64	3738.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	651.64	3738.84

**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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Tricia R. Andrews	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 7744 Deerwood Point Court	Transaction ID: D8548E902662C42FFC0
	City State Zip Code Jacksonville FL 32256-2825	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payment Method Visa
Name of Employer Jacksonville Dermatology Assoc. PL	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Diane Romayne Baker	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address 1055 Englewood Drive	Transaction ID: 57040DFF5B0E0F479AE
	City State Zip Code Lake Oswego OR 97034-1109	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Payment Method Direct Mail
Name of Employer Baker Allergy, Asthma and Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Scott D. Bennion	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 2800 Garden Creek Road	Transaction ID: 7547F66436FEC07D380
	City State Zip Code Casper WY 82601-6600	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	Payment Method Amex
Name of Employer Central Wyoming Skin Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	1470.00
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 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Clay J. Cockerell

Mailing Address 4312 Arcady Avenue

City State Zip Code
Dallas TX 75205-3704

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

Name of Employer Occupation
Cockerell & Associates Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2010

Transaction ID: FDA298E1B26EFD8A8A5

Amount of Each Receipt this Period
500.00

MasterCard

B.

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

Mailing Address Suite 870
1350 I Street Northwest

City State Zip Code
Washington DC 20005-3387

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

Name of Employer Occupation
American Academy of Dermatology Association Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2010

Transaction ID: AEB602FCB4545E03C59

Amount of Each Receipt this Period
84.00

Visa

C.

Full Name (Last, First, Middle Initial)
Platina E. Coy Gershtenson

Mailing Address 39542 Orchard Bluff Lane

City State Zip Code
Wadsworth IL 60083-9114

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

Name of Employer Occupation
Saint Catharine's Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2010

Transaction ID: 41D25B3E421BC4D4D95

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **949.00**

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 9 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Owen Ertle		Date of Receipt
	Mailing Address 511 Burr Oak Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2010
	City	State	Zip Code
	Hinsdale	IL	60521-2932
	FEC ID number of contributing federal political committee. C		Transaction ID: 6688025A6EE32ED9F08
Name of Employer Grant Square Medical Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Visa - Direct Mail

B.	Full Name (Last, First, Middle Initial) Sharon Foster Gardepe		Date of Receipt
	Mailing Address 11106 Argent Drive Southeast		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 21 / 2010
	City	State	Zip Code
	Huntsville	AL	35803-1652
	FEC ID number of contributing federal political committee. C		Transaction ID: D91AC553CBB5C181D62
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Direct Mail

C.	Full Name (Last, First, Middle Initial) Michele E. Gasiorowski		Date of Receipt
	Mailing Address 40 W Elm Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2010
	City	State	Zip Code
	Greenwich	CT	06830-6425
	FEC ID number of contributing federal political committee. C		Transaction ID: AD76DFB560DE049E265
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lawrence J. Green	Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 7820 Mary Cassatt Drive	Transaction ID: 39652E907C5ABDBC216
	City Potomac State MD Zip Code 20854-3227	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Amex
	Name of Employer Self Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Anna Demirdjian Guanche	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 24948 Lorenzo Court	Transaction ID: DB917DC9471F245EE85
	City Calabasas State CA Zip Code 91302-3088	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Amex - Direct Mail
	Name of Employer Bella Skin Institute Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Terry P. Hadley	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address 32 Hugh Cargill Road	Transaction ID: 12E6076B3C453DF8DB1
	City Concord State MA Zip Code 01742-5605	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Amex
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Allan C. Harrington		Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 7918 Greentree Road		Transaction ID: 3EED51D2B791565706C
	City Bethesda	State MD	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Anne Arundel Dermatology		Occupation Mohs Surgeon
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Patrick M. Hatfield		Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address PO Box 2276		Transaction ID: C0AC763A71725C33EB0
	City Batesville	State AR	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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 ▼ 1000.00	

Amex - Direct Mail

C.	Full Name (Last, First, Middle Initial) William Lenox Heimer		Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address Suite 310 320 Santa Fe Drive		Transaction ID: 95EE18C69E0C201084E
	City Encinitas	State CA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer H H Business Services, In- c.		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Visa - Direct Mail

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Terri H. Henson		Date of Receipt
	Mailing Address 3345 Dell Glade Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 09 / 2010
	City	State	Zip Code
	Memphis	TN	38111-4715
	FEC ID number of contributing federal political committee. C		Transaction ID: A156C6A08ECA266BF3E
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 200.00
Direct Mail			

B.	Full Name (Last, First, Middle Initial) Molly A. Hinshaw		Date of Receipt
	Mailing Address 4671 Signature Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2010
	City	State	Zip Code
	Middleton	WI	53562-2364
	FEC ID number of contributing federal political committee. C		Transaction ID: C0760CF0AEDD975A140
Name of Employer Dermopath Diagnostics		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00
Direct Mail			

C.	Full Name (Last, First, Middle Initial) J. William Holtze		Date of Receipt
	Mailing Address 5300 Woodland Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2010
	City	State	Zip Code
	Des Moines	IA	50312-1946
	FEC ID number of contributing federal political committee. C		Transaction ID: AA72AF533EC2FF3401F
Name of Employer The Iowa Clinic PC		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 500.00
MasterCard - Direct Mail			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dale H. Isaacson

Mailing Address 7812 Pearson Knoll Place

City Potomac State MD Zip Code 20854-2999

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

Name of Employer Drs. Isaacson & Berzin LLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2010

Transaction ID: BE50DA6F50ADC114D9A

Amount of Each Receipt this Period 250.00

MasterCard - Direct Mail

B.

Full Name (Last, First, Middle Initial)
Ross S. Kaplan

Mailing Address 196 Lake Sherwood Drive

City Lake Sherwood State CA Zip Code 91361-5193

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

Name of Employer Coastal Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 07 / 2010

Transaction ID: C94A4AF782D11F0E2F3

Amount of Each Receipt this Period 365.00

Amex

C.

Full Name (Last, First, Middle Initial)
Albert A. Kattine

Mailing Address 6342 Shadow Ridge Court

City Brentwood State TN Zip Code 37027-5657

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 06 / 14 / 2010

Transaction ID: 5F1522E873FC7F966F8

Amount of Each Receipt this Period 125.00

Visa

SUBTOTAL of Receipts This Page (optional) ▶ 740.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Donald Kay	Date of Receipt MM / DD / YYYY 06 / 02 / 2010
	Mailing Address Apt. 1 2127 Broadway Street	Transaction ID: ECF55B560E21695CE68
	City State Zip Code San Francisco CA 94115-1310	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Payment Method Visa - Direct Mail
	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.	Full Name (Last, First, Middle Initial) Robert V. Kolbusz	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 1 Robin Hood Ranch	Transaction ID: DC7D514BDCC8112CF13
	City State Zip Code Oak Brook IL 60523-2790	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Payment Method Direct Mail
	Name of Employer Occupation Center for Dermatology & Skin Cancer Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) David R. Lane	Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address 3016 Idlewood Circle	Transaction ID: 21A8FE6A9E70DBD27AA
	City State Zip Code Charlotte NC 28209-1414	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Payment Method MasterCard - Direct Mail
	Name of Employer Occupation Dermatologic Surgery of the Carolinas Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 15 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Naomi Lawrence

Mailing Address 24 Stanwyck Road

City State Zip Code
Mount Laurel NJ 08054-4800

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 Y
0 6 / 1 6 / 2 0 1 0

Transaction ID: 46CAF685A96295B32BA

Amount of Each Receipt this Period
365.00

Visa

B.

Full Name (Last, First, Middle Initial)
Julie Anne Letsinger

Mailing Address 1600 Bay Laurel Drive

City State Zip Code
Menlo Park CA 94025-5810

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

Name of Employer Palo Alto Medical Clinic 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 Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: 77C2BB36E416DEF9E6F

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Marc W. Levin

Mailing Address Suite 100
1259 S Cedar Crest Boulevard

City State Zip Code
Allentown PA 18103-6206

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 ▼ 1080.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: A6F11796E2227B48340

Amount of Each Receipt this Period
720.00

PayPal

SUBTOTAL of Receipts This Page (optional) ► **1335.00**

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 16 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Susan L. Malane

Mailing Address 5005 W San Miguel Street

City Tampa State FL Zip Code 33629-5428

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

Name of Employer Academic Alliance in Dermatology Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 09 / 2010

Transaction ID: F39F7B74BE1AAB5346B

Amount of Each Receipt this Period 365.00

Visa

B.

Full Name (Last, First, Middle Initial)
Gary L. Marder

Mailing Address Suite 19
9580 S US Highway 1

City Port Saint Lucie State FL Zip Code 34952-4217

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 06 / 02 / 2010

Transaction ID: CD95FAD33FA94497494

Amount of Each Receipt this Period 250.00

Amex - Direct Mail

C.

Full Name (Last, First, Middle Initial)
Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Drive

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 ▼ 600.00

Date of Receipt 06 / 14 / 2010

Transaction ID: 3C491A51DE9AB9B6BE0

Amount of Each Receipt this Period 100.00

Amex

SUBTOTAL of Receipts This Page (optional) ▶ **715.00**

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 / 31
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Charity Foster McConnell

Mailing Address 5095 Heathrow Boulevard

City State Zip Code
Brentwood TN 37027-6538

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

Name of Employer Franklin Dermatology Group, PLC
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: 32941CF2C5870775D5A

Amount of Each Receipt this Period
100.00

MasterCard

B. Full Name (Last, First, Middle Initial)
Robyn M. McCullem

Mailing Address 4605 Maple Leaf

City State Zip Code
Columbia MO 65201-7235

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

Name of Employer Jefferson City Medical Group
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2010

Transaction ID: D149D88D4148AF71555

Amount of Each Receipt this Period
250.00

Direct Mail

C. Full Name (Last, First, Middle Initial)
Michel A. McDonald

Mailing Address 319 Lynnwood Boulevard

City State Zip Code
Nashville TN 37205-2928

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

Name of Employer Self Employed
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 14 / 2010

Transaction ID: E30095A68B59356326D

Amount of Each Receipt this Period
1000.00

Direct Mail

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Sharon G. McDonald		Date of Receipt
	Mailing Address 109 W Pine Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 14 / 2010
	City	State	Zip Code
	Saint Louis	MO	63108-2111
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Sunset Dermatology, PC		Occupation Physician	Transaction ID: 233A11EF18BD1115ED2
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 1000.00	
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Direct Mail			

B.	Full Name (Last, First, Middle Initial) Susan Teri McGillis		Date of Receipt
	Mailing Address 19800 Shelburne Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 14 / 2010
	City	State	Zip Code
	Shaker Heights	OH	44118-4962
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer DermaSurgery Center		Occupation Physician/President	Transaction ID: 762792D881014A13D5D
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	
		Amount of Each Receipt this Period	<input type="text"/> 250.00
MasterCard - Direct Mail			

C.	Full Name (Last, First, Middle Initial) William S. Miranda		Date of Receipt
	Mailing Address 1760 Chartley Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 16 / 2010
	City	State	Zip Code
	Gates Mills	OH	44040-9725
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self-Employed		Occupation Dermatologist	Transaction ID: 19911AEF25D82E2A219
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	
		Amount of Each Receipt this Period	<input type="text"/> 500.00
Direct Mail			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 31
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Meena S. Moossavi

Mailing Address 35511 Bristol Street

City Livonia State MI Zip Code 48154-2201

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 06 / 22 / 2010

Transaction ID: 3A0291F285938AFD3A2

Amount of Each Receipt this Period 250.00

Direct Mail

B.

Full Name (Last, First, Middle Initial)
Melinda L. Myers

Mailing Address Suite 206
1776 Ygnacio Valley Road

City Walnut Creek State CA Zip Code 94598-3125

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 06 / 07 / 2010

Transaction ID: 815D7980E8F01EFA2AF

Amount of Each Receipt this Period 250.00

Direct Mail

C.

Full Name (Last, First, Middle Initial)
Amy C. Ney

Mailing Address 7567 Stanford Avenue

City Saint Louis State MO Zip Code 63130-2837

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

Name of Employer Associates in Dermatology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 09 / 2010

Transaction ID: DD961E21915FE40A246

Amount of Each Receipt this Period 365.00

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: (check only one)	PAGE 20 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gale B. Oleson	Date of Receipt MM / DD / YYYY 06 / 21 / 2010
	Mailing Address PO Box 39	Transaction ID: C99675B8EB998B73008
	City State Zip Code Blue Springs MO 64013-0039	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Direct Mail
	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 ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Thomas George Olsen	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 524 Walnut Springs Drive	Transaction ID: B9931BD23E056D2F057
	City State Zip Code Dayton OH 45419-2934	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dermpath Lab of Central States Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Paolini	Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 19 Heron Drive	Transaction ID: 729713E2027563A9F28
	City State Zip Code Avalon NJ 08202-1540	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	MasterCard
	Name of Employer Occupation Paolini Dermatology Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	5615.00
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 21 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brent E. Pennington

Mailing Address 2809 Hillside Drive

City Nashville State TN Zip Code 37212-4101

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

Name of Employer Nashville Skin & Cancer Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 22 / 2010
Transaction ID: FC4E5FA353E2FDD0EEF
Amount of Each Receipt this Period 365.00
PayPal

B.

Full Name (Last, First, Middle Initial)
Donald I. Posner

Mailing Address 1059 N Pointe Circle

City Shreveport State LA Zip Code 71106-8421

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

Name of Employer Dermatology and Skin Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2010
Transaction ID: 3B3ADE7EDF3BF9D096F
Amount of Each Receipt this Period 250.00
Direct Mail

C.

Full Name (Last, First, Middle Initial)
Chad L. Prather

Mailing Address 1737 May Street

City Baton Rouge State LA Zip Code 70808-2074

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

Name of Employer Dermatology Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2010
Transaction ID: 665B8AA7E967948FD05
Amount of Each Receipt this Period 100.00
Amex

SUBTOTAL of Receipts This Page (optional) ▶ **715.00**

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 22 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Emily Liga Prorise

Mailing Address 9401 Prince William

City Austin State TX Zip Code 78730-3414

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

Name of Employer Austin Dermcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2010

Transaction ID: A91996EBBC854AD356B

Amount of Each Receipt this Period 500.00

Direct Mail

B.

Full Name (Last, First, Middle Initial)
Samuel John Reck

Mailing Address 4371 Stout Creek Trail

City Billings State MT Zip Code 59106-9404

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

Name of Employer Billings Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 09 / 2010

Transaction ID: 615146408C3AEB9CCAB

Amount of Each Receipt this Period 200.00

Direct Mail

C.

Full Name (Last, First, Middle Initial)
Mark G. Rubin

Mailing Address Suite 1
153 S Lasky Drive

City Beverly Hills State CA Zip Code 90212-1721

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 06 / 15 / 2010

Transaction ID: 78A19F694B40A099D68

Amount of Each Receipt this Period 250.00

Direct Mail

SUBTOTAL of Receipts This Page (optional) ► 950.00

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 23 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Beata L. Rydzik

Mailing Address 2812 Northwest Imperial Terrace

City State Zip Code
Portland OR 97210-3317

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

Name of Employer Occupation
Center for Dermatology and Laser Surge 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 6 / 0 9 / 2 0 1 0

Transaction ID: 9D2AAC5E56FD88FA9B0

Amount of Each Receipt this Period

250.00

Amex - Direct Mail

B.

Full Name (Last, First, Middle Initial)

Shawn R. Sabin

Mailing Address 5021 Tomahawk Road

City State Zip Code
Prairie Village KS 66208-2468

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

Name of Employer Occupation
Derm & Skin Cancer Specialists Physician

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

Date of Receipt

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

Transaction ID: 14477B535E6058E55D9

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ritu Saini

Mailing Address Apt. 5G
225 E 34th Street

City State Zip Code
New York NY 10016-4731

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

Name of Employer Occupation
NY Medical Skin Solutions, PLLC Mohs Surgeon

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: C2AF8958A0A9288EE50

Amount of Each Receipt this Period

365.00

Amex

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 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Charles S. Samorodin	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address Suite 201 54 Scott Adam Road	Transaction ID: 8F1D16CB01C26E7DABA
	City State Zip Code Cockeysville MD 21030-3359	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) James A. Solomon	Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address 249 Chelsea Place Avenue	Transaction ID: AF636B9352D76D5249F
	City State Zip Code Ormond Beach FL 32174-0687	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Dermatology & Co-smetic Surger Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Alan Lee Spinowitz	Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address 877 Stewart Avenue	Transaction ID: 61E75FF26F7216EBA36
	City State Zip Code Garden City NY 11530-4803	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Amex - Direct Mail
	Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
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 25 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<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.	Full Name (Last, First, Middle Initial) Karan K. Sra		Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address 527 Columbia Street		Transaction ID: 7387EEFFCC868084ABC
	City Houston	State TX	Zip Code 77007-2625
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Dermatological Assoc of Texas	Occupation Physician	MasterCard - Direct Mail
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Stephen P. Stone		Date of Receipt MM / DD / YYYY 06 / 14 / 2010
	Mailing Address 2021 S Wiggins Avenue		Transaction ID: EAECB509783BBB8BEE5
	City Springfield	State IL	Zip Code 62704-3338
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer SIU School of Medicine Div of Dermatol	Occupation Physician	Amex
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Paul C. Timmermann		Date of Receipt MM / DD / YYYY 06 / 09 / 2010
	Mailing Address 6621 Poage Valley Road Extension		Transaction ID: BA1A2E52EBD22AA8104
	City Roanoke	State VA	Zip Code 24018-6850
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Dermatology Associates of Roanoke	Occupation Physician	Direct Mail
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas A. Van Meter		Date of Receipt
	Mailing Address 3865 Sunset Road		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Santa Barbara	CA	93110-1540
	FEC ID number of contributing federal political committee. C		Transaction ID: 77E707558527938280F
Name of Employer Self Employed		Occupation Physician	Amount of Each Receipt this Period
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"/>
		<input type="text" value="750.00"/>	MasterCard - Direct Mail

B.	Full Name (Last, First, Middle Initial) Jining I. Wang		Date of Receipt
	Mailing Address 3008 Dunmore Street		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fitchburg	WI	53711-6942
	FEC ID number of contributing federal political committee. C		Transaction ID: BC9A76638FFD227C231
Name of Employer Dean East Clinic		Occupation Physician	Amount of Each Receipt this Period
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"/>
		<input type="text" value="450.00"/>	Visa - Direct Mail

C.	Full Name (Last, First, Middle Initial) Jonathan S. Weiss		Date of Receipt
	Mailing Address 2848 Rangewood Terrace Northeast		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30345-1581
	FEC ID number of contributing federal political committee. C		Transaction ID: E1CF2C58FCE501EDBF8
Name of Employer Self Employed		Occupation Dermatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="350.00"/>	Amex - Direct Mail

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Schild M. Wikas

Mailing Address Suite C

421 Graham Road

City

Cuyahoga Falls

State

OH

Zip Code

44221-1344

FEC ID number of contributing federal political committee.

C

Name of Employer
Tri County Dermatology In-
c.

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 429AD443F88038EAF50

Amount of Each Receipt this Period

100.00

MasterCard - Direct Mail

B.

Full Name (Last, First, Middle Initial)

Kim B. Yancey

Mailing Address 7111 Turtle Creek Boulevard

City

Dallas

State

TX

Zip Code

75225-7425

FEC ID number of contributing federal political committee.

C

Name of Employer
Univ of Texas Southwestern
Medical Cen

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 21 / 2010

Transaction ID: 7FC2453E1E1EE338DEF

Amount of Each Receipt this Period

100.00

Ames - Direct Mail

C.

Full Name (Last, First, Middle Initial)

Michael D. Zanolli

Mailing Address 513 Fairfax Avenue

City

Nashville

State

TN

Zip Code

37212-4010

FEC ID number of contributing federal political committee.

C

Name of Employer
Heritage Medical Associat-
es

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
06 / 14 / 2010

Transaction ID: 1CEE7066C292CA8797A

Amount of Each Receipt this Period

500.00

Amex

SUBTOTAL of Receipts This Page (optional)

700.00

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 28 / 31
(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. Full Name (Last, First, Middle Initial)
Daniel G. Zavadak

Mailing Address 923 Russell Drive

City State Zip Code
Lebanon PA 17042-7487

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

Name of Employer Occupation
Cornerstone Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: D129A7988C50A212113

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Jonathan R. Zirn

Mailing Address 47 Steep Hill Road

City State Zip Code
Weston CT 06883-1810

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 82B684B00A898B14650

Amount of Each Receipt this Period
100.00

Direct Mail

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	25299.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<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)

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 53852</p> <p>City Phoenix State AZ Zip Code 85072-3852</p> <p>Purpose of Disbursement VC/MC Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VD609CC9EDC3C8D370B7</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 261.33</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement VC/MC Fes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VA3A3A01E15F634205DF</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 360.31</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address PO Box 6603</p> <p>City Hagerstown State MD Zip Code 21741-6603</p> <p>Purpose of Disbursement VS/MC Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: VD5D00495FD038165BA6</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

651.64

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

651.64

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)

A. Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement 2010 Primary Candidate Name Kirsten E. Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01F1388648836AE2F66 Date of Disbursement 06 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Herron for Congress <hr/> Mailing Address 142 West Main Street <hr/> City Dresden State TN Zip Code 38225 Purpose of Disbursement 2012 Primary Candidate Name Roy Brasfield Herron Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B61041778A927408E92 Date of Disbursement 06 / 17 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 Purpose of Disbursement 2010 Primary Candidate Name John Sullivan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8F2877D0A1AA0CC3976 Date of Disbursement 06 / 17 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<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)

A.

Full Name (Last, First, Middle Initial)
John Sullivan for Congress Inc

Mailing Address Post Office Box 470840

City State Zip Code
Tulsa OK 74147

Purpose of Disbursement
2010 General

Candidate Name
John Sullivan

Office Sought: House
 Senate
 President
State: OK District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 5FA5634B40F14CCAF79

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Nelson 2012

Mailing Address PO Box 8666

City State Zip Code
Omaha NE 68108

Purpose of Disbursement
2012 Primary

Candidate Name
E. Benjamin Nelson

Office Sought: House
 Senate
 President
State: NE District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 247B34EA173D0C0C055

Date of Disbursement

06 / 07 / 2010

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-2000.00

TOTAL This Period (last page this line number only)

3500.00