

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 05 01 2009 through 05 31 2009

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

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Electronically Filed by Steven Debnar Date 06 18 2009

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

Office Use Only								
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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	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		247678.13
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	211413.03									
(c) Total Receipts (from Line 19)	44866.00	130304.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	256279.03	377982.31								
7. Total Disbursements (from Line 31)	20582.20	142285.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	235696.83	235696.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38075.00	108707.51
(i) Itemized (use Schedule A)	6791.00	21596.67
(ii) Unitemized	44866.00	130304.18
(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)	44866.00	130304.18
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))	44866.00	130304.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	44866.00	130304.18

DETAILED SUMMARY PAGE

of Disbursements

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.....	1082.20	1784.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1082.20	1784.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	140500.00
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	1.00
(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	1.00
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))..	20582.20	142285.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20582.20	142285.48

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)	44866.00	130304.18
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44866.00	130303.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1082.20	1784.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1082.20	1784.48

Form/Schedule : **F3X**

Transaction ID :

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 36
(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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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)
Michael J. Adler

Mailing Address 1009 NE Imperial Ave

City State Zip Code
Portland OR 97232-2571

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
05 / 13 / 2009

Transaction ID: a4ab2c0355212d5b373

Amount of Each Receipt this Period
250.00

MMS

B.

Full Name (Last, First, Middle Initial)
SCOTT BENNION

Mailing Address 2800 Garden Creek Rd

City State Zip Code
Casper WY 82601-6600

FEC ID number of contributing federal political committee. C

Name of Employer Central Wyoming Skin Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.51

Date of Receipt
05 / 13 / 2009

Transaction ID: 37475db8696c8e23fa4

Amount of Each Receipt this Period
500.00

MMS

C.

Full Name (Last, First, Middle Initial)
Michael A. Bharier

Mailing Address 16 Woodbury St

City State Zip Code
Providence RI 02906-3510

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
05 / 06 / 2009

Transaction ID: 1f6e1df0ca93f948305

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 8 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
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
Self Employed Dermatologist

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

Date of Receipt
05 / 14 / 2009
Transaction ID: 90fcbdb7cdab00807e0
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Alison A. Boudreaux

Mailing Address 1301 Carter Rd

City State Zip Code
Sacramento CA 95864-5329

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 ▼
300.00

Date of Receipt
05 / 21 / 2009
Transaction ID: 72a008615dbbe3f2f54
Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Bruce A. Brod

Mailing Address 831 Robert Dean Dr

City State Zip Code
Downingtown PA 19335-4464

FEC ID number of contributing federal political committee. C

Name of Employer Self Employed Occupation
Self Employed Physician

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

Date of Receipt
05 / 14 / 2009
Transaction ID: a4e73e65ab9bcb18638
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) 1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 36

(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)
Carolyn Bialecki Carroll

Mailing Address 75 Ridgewood Ave

City State Zip Code
North Haven CT 06473-4441

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 21 / 2009

Transaction ID: 980f60968a03af1538b

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Rebecca J. Caserio

Mailing Address 4142 Bigelow Blvd

City State Zip Code
Pittsburgh PA 15213-1408

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RJC Fox Chapel Dermatology PC Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2009

Transaction ID: ecd3d7053c1071dba09

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Joseph J. Chanda

Mailing Address 207 Silver Palm Ave

City State Zip Code
Melbourne FL 32901-3196

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2009

Transaction ID: 3e9b189e3d89079f43c

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Diane S. Chiu

Mailing Address Ste 102
11011 Meridian Ave N

City State Zip Code
Seattle WA 98133-8967

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 ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: 88530bc45b314e4be32

Amount of Each Receipt this Period
365.00

MMS

B.

Full Name (Last, First, Middle Initial)
C. Drew Claudel

Mailing Address 1032 1st Ave N

City State Zip Code
Nashville TN 37201-1056

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

Name of Employer Rivergate Dermatology, PL-LC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: 3fea5b0647e4071c195

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1105 River Hill Dr

City State Zip Code
Covington KY 41011-1123

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 ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2009

Transaction ID: 378d47c70060170100c

Amount of Each Receipt this Period
5000.00

PayPal

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: (check only one)	PAGE 11 / 36
	<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) Karen Collishaw		Date of Receipt MM / DD / YYYY 05 / 15 / 2009
Mailing Address Ste 870 1350 I St NW		Transaction ID: 3798e1c1677e7a28600
City Washington	State DC	Zip Code 20005-3387
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer American Academy of Dermatology	Occupation Association Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Marcus A. Conant		Date of Receipt MM / DD / YYYY 05 / 13 / 2009
Mailing Address Ste 202 470 Castro St		Transaction ID: 91163cd0fccca5027944
City San Francisco	State CA	Zip Code 94114-2061
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Dermatologist	MMS
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) Roger A. Connor		Date of Receipt MM / DD / YYYY 05 / 13 / 2009
Mailing Address Apt 203 740 Waterford Dr		Transaction ID: 54c986f0ddd60a530be
City Naples	State FL	Zip Code 34113-8028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Senior Friendship Hlth Clinic	Occupation Physician	MMS
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)	▶	915.00
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 12 / 36
(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 Edmondson Crater

Mailing Address 779 Pyrula Ave

City State Zip Code
Sanibel FL 33957-6604

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

Name of Employer Associates in Dermatology Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 13 / 2009
Transaction ID: 75255cc3efb4dfb318a
Amount of Each Receipt this Period: 500.00
MMS

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

Mailing Address Ste 202
9811 Mallard Dr

City State Zip Code
Laurel MD 20708-3199

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: 05 / 13 / 2009
Transaction ID: 2db6fc8c5be6e2755af
Amount of Each Receipt this Period: 500.00
MMS

C. Full Name (Last, First, Middle Initial)
Ronald Stephen Davis

Mailing Address 333 Audubon St

City State Zip Code
New Orleans LA 70118-4905

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

Name of Employer Tulane University Health Sciences Cent Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 02 / 2009
Transaction ID: 8429df5800491a3f8d8
Amount of Each Receipt this Period: 1000.00
PayPal

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
T. Wayne Day

Mailing Address 24 White Bridge Rd

City Nashville State TN Zip Code 37205-1411

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 05 / 21 / 2009
Transaction ID: b0a84a8727265ad3741
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Anna Drosou

Mailing Address Apt 706
1420 Brickell Bay Dr

City Miami State FL Zip Code 33131-3627

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

Name of Employer Dermatology Consultants of Broward Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 13 / 2009
Transaction ID: 223a7565de6c86c2fa6
Amount of Each Receipt this Period 300.00
MMS

C. Full Name (Last, First, Middle Initial)
Diane Voelpel Duvall

Mailing Address 3650 Cochise Dr SE

City Atlanta State GA Zip Code 30339-4331

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

Name of Employer Georgia Skin Specialists Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 13 / 2009
Transaction ID: dfecd9af3883ee6bbdd
Amount of Each Receipt this Period 365.00
MMS

SUBTOTAL of Receipts This Page (optional) ► 1165.00

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 / 36
(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)
James Owen Ertle

Mailing Address 511 Burr Oak Pl

City Hinsdale State IL Zip Code 60521-2932

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

Name of Employer Grant Square Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2009
Transaction ID: 649a57deb383c65dd5d
 Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 112 Steeplechase Run

City Warner Robins State GA Zip Code 31088-1616

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 19 / 2009
Transaction ID: 8bc5641f070f158f499
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Abraham Rubin Freilich

Mailing Address 18206 Midland Pkwy

City Jamaica State NY Zip Code 11432-1536

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 05 / 19 / 2009
Transaction ID: 6e117a0c72baf903577
 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: PAGE 15 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brad P. Glick

Mailing Address # 10C
7590 Old Thyme Ct

City State Zip Code
Parkland FL 33076-3903

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

Name of Employer Occupation
South Florida Skin & Laser Dermatologist
Center

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: a20198dc0b6bf4f52ea

Amount of Each Receipt this Period
250.00

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

Mailing Address Ste 130
5201 Norris Canyon Rd

City State Zip Code
San Ramon CA 94583-5410

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: 8f49085044c1329e2d7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Carolyn I. Hale

Mailing Address 7310 SW Arbor Lake Dr

City State Zip Code
Wilsonville OR 97070-8461

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: 1b8ff44848174a17a5b

Amount of Each Receipt this Period
500.00

MMS

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 16 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Allan C. Harrington
Mailing Address 7918 Greentree Rd
City State Zip Code
Bethesda MD 20817-1302
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation
Mohs Surgeon
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 21 / 2009
Transaction ID: cc90b30897b039ba962
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Harley A. Haynes
Mailing Address 26 Great Rd
City State Zip Code
Bedford MA 01730-2120
FEC ID number of contributing federal political committee. **C**
Name of Employer Brigham and Women's Hospital Occupation
Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 05 / 19 / 2009
Transaction ID: 388b75d077b7b375158
Amount of Each Receipt this Period 300.00
MMS

C. Full Name (Last, First, Middle Initial)
Joe M. Hazel
Mailing Address 1671 N Limestone St
City State Zip Code
Springfield OH 45503-2646
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 05 / 26 / 2009
Transaction ID: 0b48443d80b63b7c273
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
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 / 36
(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)
Sharon L. Horton

Mailing Address Ste 190
1049 E Wilson St

City State Zip Code
Batavia IL 60510-2478

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
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: 09b735206587fda4b44

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Steven Lee Hubert

Mailing Address 56 Stonecliff Rd

City State Zip Code
Princeton NJ 08540-2329

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

Name of Employer Lawrenceville Dermatology Associates Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: aaa7dc2909d4efbf5dc

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Vivek Iyengar

Mailing Address 627 E 6th St

City State Zip Code
Hinsdale IL 60521-4712

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2009

Transaction ID: dff1ac673e4e6316860

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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 / 36
	<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) William D. James		Date of Receipt MM / DD / YYYY 05 / 13 / 2009		
	Mailing Address 766 Applegate Ln		Transaction ID: b545534fa619a8ddd1d		
	City Bryn Mawr	State PA	Zip Code 19010-1117	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		MMS		
	Name of Employer Univ of Pennsylvania Health Systems	Occupation Physician	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Sherri Kapel Kaplan		Date of Receipt MM / DD / YYYY 05 / 14 / 2009		
	Mailing Address Ste 208 1055 Saw Mill River Rd		Transaction ID: 0300cf2954c10fa9fb8		
	City Ardsley	State NY	Zip Code 10502-1046	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Mark D. Kaufmann		Date of Receipt MM / DD / YYYY 05 / 01 / 2009		
	Mailing Address 21 E 90th St		Transaction ID: a3f6a4c6187052a462d		
	City New York	State NY	Zip Code 10128-0654	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 36
(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)
A. Paul Kelly

Mailing Address 2983 Burdeck Dr

City State Zip Code
Oakland CA 94602-2617

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

Name of Employer King/Drew Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 05 / 13 / 2009
Transaction ID: 992882de126cdf9ea75
Amount of Each Receipt this Period: 365.00
MMS

B.

Full Name (Last, First, Middle Initial)
Indira Krishnarao

Mailing Address 1400 Hidden Lakes Dr NE

City State Zip Code
Warren OH 44484-4148

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: 05 / 21 / 2009
Transaction ID: b6010d63ce59465d1e2
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Mark Lebwohl

Mailing Address Apt 2505
300 E 85th St

City State Zip Code
New York NY 10028-4593

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

Name of Employer Mount Sinai School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 06 / 2009
Transaction ID: 3ddfcb17206d244d920
Amount of Each Receipt this Period: 1000.00

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 20 / 36
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Barry Leshin

Mailing Address 5021 Hidden Lake Trl

City Lewisville State NC Zip Code 27023-8113

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

Name of Employer The Skin Surgery Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 12 / 2009
Transaction ID: 0dbc7b6c22acee136f7
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Ronald Demetri Liskanich

Mailing Address 1574 Calle Cristina

City San Dimas State CA Zip Code 91773-4458

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 ▼ 365.00

Date of Receipt 05 / 21 / 2009
Transaction ID: ed043923c9be237a77d
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Linda Lutz

Mailing Address Ste 260
419 W Redwood St

City Baltimore State MD Zip Code 21201-7025

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

Name of Employer University of Maryland De-
rmatologists Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 13 / 2009
Transaction ID: ecb1b0fd4c722674ea3
Amount of Each Receipt this Period 365.00
MMS

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 36
	<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

A.	Full Name (Last, First, Middle Initial) Mary E. Maloney		Date of Receipt
	Mailing Address 16 Explorers Way		<input type="text" value="05"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Holden	MA	01520-3408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Div of Derm, UMMHC		Occupation Physician	Transaction ID: 278f1c68b56da4698fc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Joseph M. Malters		Date of Receipt
	Mailing Address 10685 Larson Ln		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Rolla	MO	65401-8108
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Dermatology Center, LLC		Occupation Dermatologist	Transaction ID: b022073d30f2c58a08e
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>

MMS

C.	Full Name (Last, First, Middle Initial) Victor J. Marks		Date of Receipt
	Mailing Address PO Box 524		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Riverside	PA	17868-0524
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Geisinger Medical Center		Occupation Self Employed	Transaction ID: d07df16e83eea4d36a4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="295.00"/>

PayPal

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="910.00"/>
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 22 / 36
(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)
Stephen Roger Marshall

Mailing Address 2507 N Meadow Lake Dr

City State Zip Code
Hutchinson KS 67502-1519

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: f457a0a3006ad8c5782

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jason Randolph 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 Aspire Cosmetic MedCenter Occupation Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: c7bf495a0e0821eb0f6

Amount of Each Receipt this Period
500.00

MMS

C.

Full Name (Last, First, Middle Initial)
Brent R. Moody

Mailing Address 319 Walnut Dr

City State Zip Code
Nashville TN 37205-2915

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

Name of Employer Skin Cancer & Surgery Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 25 / 2009

Transaction ID: 4e7f910638d618b557f

Amount of Each Receipt this Period
400.00

PayPal

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 36
(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)
Suzanne Olbricht

Mailing Address 45 Hyde Ave

City State Zip Code
Newton MA 02458-2310

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

Name of Employer Occupation
Lahey Clinic Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: 81fb1acebd9dbd79f3f

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Teddy D. Pan

Mailing Address 35 Folmsbee Dr

City State Zip Code
Albany NY 12204-1205

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2009

Transaction ID: 1bf3a518f0082416033

Amount of Each Receipt this Period
365.00

MMS

C. Full Name (Last, First, Middle Initial)
Earl S. Pearson

Mailing Address PO Box 1408

City State Zip Code
Porterville CA 93258-1408

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: 219a82f00ba1a9ed149

Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional) ► **1415.00**

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 24 / 36

(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 Mark Podnos

Mailing Address 628 Renaissance Way

City State Zip Code
Delray Beach FL 33483-5462

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

Name of Employer Occupation
Advanced Dermatology 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 5 / 1 2 / 2 0 0 9

Transaction ID: 5e121a224bce40a8f6e

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gary Edwin Quinby

Mailing Address 27730 220th Ave

City State Zip Code
Long Grove IA 52756-9758

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

Name of Employer Occupation
Medical Arts Associates, LTD 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 5 / 1 3 / 2 0 0 9

Transaction ID: 4bcac2afad8a7d8f908

Amount of Each Receipt this Period
365.00

MMS

C.

Full Name (Last, First, Middle Initial)
Lisa J. Renfro

Mailing Address 36 Shadow Point Ct

City State Zip Code
Edgewater MD 21037-1212

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

Name of Employer Occupation
Self Employed Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: b996a6163c8b4d9fcec

Amount of Each Receipt this Period
500.00

MMS

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 25 / 36
(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)
Joan M. Rindler

Mailing Address 5719 Spring Hill Dr

City State Zip Code
Ann Arbor MI 48105-9552

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

Name of Employer Occupation
Rindler & Reddy Dermatolog- Dermatologist
y, PC

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

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: 711c4661896433c6dc0

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Susan S. Roper

Mailing Address 2284 Edythe Dr

City State Zip Code
Dunedin FL 34698

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) ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2009

Transaction ID: ce02cf8230fb1746bc2

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kenneth Alan Rosen

Mailing Address 9120 SW 103rd St

City State Zip Code
Miami FL 33176-3081

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
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: 43012d58548fbc75f30

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: (check only one)	PAGE 26 / 36
	<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

A.	Full Name (Last, First, Middle Initial) Steven M. Rotter		Date of Receipt
	Mailing Address 8301 Old Courthouse Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2009
	City	State	Zip Code
	Vienna	VA	22182-3804
	FEC ID number of contributing federal political committee. C		Transaction ID: 8f751f336adabf66453
Name of Employer Center for Skin Surgery		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"/> 350.00
			MMS

B.	Full Name (Last, First, Middle Initial) Richard M. Rubenstein		Date of Receipt
	Mailing Address 1790 Starcross Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 14 / 2009
	City	State	Zip Code
	York	PA	17403-4540
	FEC ID number of contributing federal political committee. C		Transaction ID: 1054875f8bc7727e164
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"/> 250.00

C.	Full Name (Last, First, Middle Initial) Hiram Ruiz, JR.		Date of Receipt
	Mailing Address Ste 907 1845 Carr 2		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 13 / 2009
	City	State	Zip Code
	Bayamon	PR	00959-7206
	FEC ID number of contributing federal political committee. C		Transaction ID: 0e9e2b76ccafa049999
Name of Employer Derma Surgery		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"/> 500.00
			MMS

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
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 / 36
(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) Charles S. Samorodin		Date of Receipt MM / DD / YYYY 05 / 21 / 2009	
Mailing Address Ste 201 54 Scott Adam Rd		Transaction ID: 4eea742f2cbb05f8cf7	
City Cockeysville	State MD	Zip Code 21030-3359	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Justin T. Sawyer		Date of Receipt MM / DD / YYYY 05 / 13 / 2009	
Mailing Address Unit 704 21 E 6th St		Transaction ID: d320f1ff84d18f65316	
City Tempe	State AZ	Zip Code 85281-3694	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alta Dermatology	Occupation Physician	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Joel Schlessinger		Date of Receipt MM / DD / YYYY 05 / 14 / 2009	
Mailing Address 632 N 159th St		Transaction ID: b4ae10dc0624c55ff6e	
City Omaha	State NE	Zip Code 68118-2210	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Skin Specialists PC	Occupation Dermatologist	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1750.00
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 / 36
(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)
Mark Patrick Seraly

Mailing Address 131 Springdale Rd

City Venetia State PA Zip Code 15367-1324

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2009

Transaction ID: 8f14c0683538ab2e193

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Molly Courtright Shields

Mailing Address 3801 Park Ave

City Soquel State CA Zip Code 95073-2900

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

Name of Employer Dermatology Surgical Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 13 / 2009

Transaction ID: 98c8b8b298b163ea858

Amount of Each Receipt this Period 365.00

MMS

C.

Full Name (Last, First, Middle Initial)
Daniel M. Siegel

Mailing Address 33 Hitherbrook Rd

City Saint James State NY Zip Code 11780-1014

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

Name of Employer Long Island Skin Cancer And Dermatolog Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2009

Transaction ID: add82018de68a2bdbeb

Amount of Each Receipt this Period 250.00

PayPal

SUBTOTAL of Receipts This Page (optional) ▶ **915.00**

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 29 / 36
	<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 Phillips Smack		Date of Receipt
	Mailing Address 22620 Handy Point Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Chestertown	MD	21620-4017
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 877c2fd7e766163c138
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"/> 500.00
			MMS

B.	Full Name (Last, First, Middle Initial) Michael S. Spicer		Date of Receipt
	Mailing Address 4165 S Tropical Trl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Merritt Island	FL	32952-6224
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: e4c399bc896c48d03cb
Name of Employer Brevard Skin & Cancer 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"/> 365.00
			MMS

C.	Full Name (Last, First, Middle Initial) Cloyce L. Stetson		Date of Receipt
	Mailing Address 4616 86th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lubbock	TX	79424-4134
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: 1818b09db851701938e
Name of Employer Texas Tech University - Health Science		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"/> 1000.00
			MMS

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1865.00
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 30 / 36
	<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) Gregory Wilkins Thompson	Date of Receipt MM / DD / YYYY 05 / 12 / 2009
	Mailing Address 255 Limestone Creek Rd	Transaction ID: dfdfd1438cd96e49cfb
	City State Zip Code San Antonio TX 78232-3501	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Thomas Newton Trunnell	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address Ste 306 13801 Bruce B Downs Blvd	Transaction ID: 1251799a0f1c029da89
	City State Zip Code Tampa FL 33613-3939	Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Thomas A. Van Meter	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 3865 Sunset Rd	Transaction ID: 8bddc12e1aafd357dea
	City State Zip Code Santa Barbara CA 93110-1540	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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 31 / 36

(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)

Jennifer L. Vesper

Mailing Address 2171 Oceanview Dr

City State Zip Code
Tierra Verde FL 33715-2513

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

Name of Employer Occupation
Riverside Medical Center Physician

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

Date of Receipt

M M / D D / Y Y Y Y
05 / 13 / 2009

Transaction ID: 3d68d4e75a6000df164

Amount of Each Receipt this Period
250.00

MMS

B.

Full Name (Last, First, Middle Initial)

T. Lynn Warthan

Mailing Address 4730 NE Stallings Dr

City State Zip Code
Nacogdoches TX 75965-1615

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

Name of Employer Occupation
Self Employed Dermatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2009

Transaction ID: 8a135bd6ff8d3fe13cb

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Susan H. Weinkle

Mailing Address 2423 Landings Cir

City State Zip Code
Bradenton FL 34209-9675

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 ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 06 / 2009

Transaction ID: 505bba34acc14ece68e

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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 32 / 36

(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)

Mark L. Welch

Mailing Address 6621 Jill Ct

City State Zip Code
Mc Lean VA 22101-1613

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 5 / 1 3 / 2 0 0 9

Transaction ID: c64fedc0e2032000cd4

Amount of Each Receipt this Period

365.00

MMS

B.

Full Name (Last, First, Middle Initial)

Richard Helge Weyer

Mailing Address 20 E Calle De Amistad

City State Zip Code
Tucson AZ 85716-4912

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

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: 40cd4b6e39e9edd52a9

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Saryna Putman Young

Mailing Address 54 Bruce Park Dr

City State Zip Code
Greenwich CT 06830-7202

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

Name of Employer Westchester Medical Group Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 0 9

Transaction ID: efe32f662bd7eecb1fc

Amount of Each Receipt this Period

300.00

PayPal

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

38075.00

**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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Vd72370ed9b8e173fa0 Date of Disbursement 05 / 04 / 2009 Amount of Each Disbursement this Period 350.76 001 Category/Type
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 MC/Visa Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V68a1d70a3944312634b Date of Disbursement 05 / 04 / 2009 Amount of Each Disbursement this Period 30.00 001 Category/Type
C.	Full Name (Last, First, Middle Initial) Merchant Services Mailing Address PO Box 6603 City Hagerstown State MD Zip Code 21741-6603 Purpose of Disbursement MC/VS Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V4622467ba1a235c8e4a Date of Disbursement 05 / 04 / 2009 Amount of Each Disbursement this Period 701.44 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1082.20
TOTAL This Period (last page this line number only) ▶	1082.20

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

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Congress, Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: cccc32f167ea6ea6e5a Date of Disbursement 05 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)</p> <p>Mailing Address 25 East Main Street, Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Every Republican Is Crucial (ERICPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 3dffe57f3a0a80ca905 Date of Disbursement 05 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 902ebc0cb3d3ef86cbd Date of Disbursement 05 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Legpac Mailing Address 38 Ivy St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement 2009 Contribution Candidate Name Legpac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 9482a23f6881a32b2e3 Date of Disbursement 05 / 25 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Matheson for Congress Mailing Address PO Box 521048 Suite A City Salt Lake City State UT Zip Code 84152 Purpose of Disbursement 2008 Primary Candidate Name Jim Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 41f591cadfd332c7391 Date of Disbursement 05 / 19 / 2009 Amount of Each Disbursement this Period -1000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement 2010 Primary Candidate Name Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: c36f0bf068bf0e1da62 Date of Disbursement 05 / 20 / 2009 Amount of Each Disbursement this Period 5000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

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<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) Price for Congress Mailing Address PO Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement 2010 Primary Candidate Name Thomas E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ffa82c71220857387cb Date of Disbursement 05 / 25 / 2009
	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) Tuesday Group Political Action Committee Mailing Address PO Box 11586 City Washington State DC Zip Code 20008 Purpose of Disbursement 2009 Contribution Candidate Name Tuesday Group Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: c37698010324d42f344 Date of Disbursement 05 / 20 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

19500.00