

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

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

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

5. Covering Period 04 01 2009 through 04 30 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 05 15 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 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

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 .....	166356.93									
(c) Total Receipts (from Line 19) .....	57320.51	85438.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	223677.44	333116.31								
7. Total Disbursements (from Line 31) .....	12264.41	121703.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	211413.03	211413.03								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

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	46506.51	70632.51
(i) Itemized (use Schedule A) .....	10814.00	14805.67
(ii) Unitemized .....	57320.51	85438.18
(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) .....	57320.51	85438.18
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)) .....	57320.51	85438.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57320.51	85438.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	263.41	702.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	263.41	702.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	121000.00
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 .....	1.00	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)) .....	1.00	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))..	12264.41	121703.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12264.41	121703.28

**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) .....	57320.51	85438.18
34. Total Contribution Refunds (from Line 28(d)) .....	1.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57319.51	85437.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	263.41	702.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	263.41	702.28

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 / 35  
(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

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)  
Mireille Claude Algazi

Mailing Address  
2732 N Alvernon Way

City State Zip Code  
Tucson AZ 85712-1804

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

Name of Employer  
Specialists in Dermatology, P.L.L.C.

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 13 / 2009

**Transaction ID:** 10bd262ce5035eea27e

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Rodney S. W. Basler

Mailing Address 2700 Eastgate St

City State Zip Code  
Lincoln NE 68502-5024

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  
04 / 13 / 2009

**Transaction ID:** 99d6c81e5f7dfc9c1fc

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott D. 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 ▼  
500.51

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** 30567ba427facae5ef7

Amount of Each Receipt this Period  
500.51

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.51**

**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 / 35
	(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

<b>A.</b>	Full Name (Last, First, Middle Initial) James D. Bernard		Date of Receipt		
	Mailing Address Apt 108 535 Florida Club Blvd		M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 9		
	City Saint Augustine	State FL	Zip Code 32084-3832	<b>Transaction ID:</b> 6629841915969d62e8c	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed	Occupation Physician			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas L. Davis		Date of Receipt		
	Mailing Address 221 Morningside Dr		M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 9		
	City San Antonio	State TX	Zip Code 78209-4733	<b>Transaction ID:</b> 8271c0874ed3abeaa3b	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00		
	Name of Employer Self Employed	Occupation Dermatopathologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Dawkins		Date of Receipt		
	Mailing Address 22800 Cedar Ridge Rd		M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9		
	City Edmond	State OK	Zip Code 73003-9457	<b>Transaction ID:</b> 6665f7803d7deb32d8c	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 750.00		
	Name of Employer Self Employed	Occupation Dermatologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Renuka Diwan		Date of Receipt		
	Mailing Address Ste 300 29101 Health Campus Dr		M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 9		
	City Westlake	State OH	Zip Code 44145-5267	<b>Transaction ID:</b> 6a09860ead55459865d	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Laser & Skin Surgery Center	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) C. William Doubleday		Date of Receipt		
	Mailing Address 5302 Fieldwood Dr		M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9		
	City Houston	State TX	Zip Code 77056-2708	<b>Transaction ID:</b> c55c0c210f6a5c56572	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00		
	Name of Employer Self Employed	Occupation Dermatologist	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Robert Feehan		Date of Receipt		
	Mailing Address 584 Northlawn Dr		M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 9		
	City Lancaster	State PA	Zip Code 17603-2381	<b>Transaction ID:</b> 9b195ba2594520c2d20	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00		
	Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date 500.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 35  
(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)  
Allen Bruce Filstein

Mailing Address  
945 Buckingham Cir NW

City State Zip Code  
Atlanta GA 30327-2701

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

Name of Employer Self Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 27 / 2009

Transaction ID: ea1399f4fe94707537c

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Bert C. Frichot, III

Mailing Address Ste 360  
4242 Farnam St

City State Zip Code  
Omaha NE 68131-2850

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  
MM / DD / YYYY  
04 / 14 / 2009

Transaction ID: 26cb1bf7463b04ddf67

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles S. Fulk

Mailing Address 904 Cherokee Blvd

City State Zip Code  
Knoxville TN 37919-7847

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  
04 / 14 / 2009

Transaction ID: 405c0ee704e5f013715

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 11 / 35  
(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)  
William Wesley Galloway

Mailing Address PO Box 843

City State Zip Code  
Russellville AR 72811-0843

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

Name of Employer Russellville Dermatology Clinic PA  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 1003b0ad52f274477d6

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon Foster Gardepe

Mailing Address  
11106 Argent Dr SE

City State Zip Code  
Huntsville AL 35803-1652

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  
04 / 10 / 2009

**Transaction ID:** f547ddcbbe7d96d9918

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lisa A. Garner

Mailing Address  
1830 Eastern Hills Dr

City State Zip Code  
Garland TX 75043-1411

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  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** 146a2d957dd632affc2

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michele E. Gasiorowski		Date of Receipt
	Mailing Address 40 W Elm St		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City Greenwich	State CT	Zip Code 06830-6425
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 225d32fa73aeff44e8a
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="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Anita C. Gilliam		Date of Receipt
	Mailing Address 2243 Howard Ave		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City San Carlos	State CA	Zip Code 94070-4510
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 7265b0cf1d2f44ca3eb
Name of Employer Dermatology, Palo Alto Medical 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="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Lisa Goldberg		Date of Receipt
	Mailing Address 1215 Parkview Blvd		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City Pittsburgh	State PA	Zip Code 15217-2586
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> d2d63729aa610365f9b
Name of Employer Allegheny Dermatology		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="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> 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 13 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert David Greenberg		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address 73 Autumn Dr		<b>Transaction ID:</b> 61f2d962d3066a65219		
	City South Windsor	State CT	Zip Code 06074-2952	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 500.00		
Name of Employer Vernon Medical Arts Building		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Douglas Hall		Date of Receipt MM / DD / YYYY 04 / 22 / 2009		
	Mailing Address Unit A1 547 Cedar Creek Rd		<b>Transaction ID:</b> 1ae134aa36aeb906190		
	City Pikeville	State KY	Zip Code 41501-1439	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 500.00		
Name of Employer Self Employed		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) C. William Hanke		Date of Receipt MM / DD / YYYY 04 / 22 / 2009		
	Mailing Address 5125 Green Braes East Dr		<b>Transaction ID:</b> e44a9a695b8b2933ae7		
	City Indianapolis	State IN	Zip Code 46234-2915	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 5000.00		
Name of Employer Saint Vincent Carmel Medical Center		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 35  
(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)  
Nicole Hartsough

Mailing Address 6861 Thomas Pkwy

City State Zip Code  
Rockford IL 61114-8193

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

Name of Employer Occupation  
Hartsough Dermatology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: 28e34c486754656c1e0  
Amount of Each Receipt this Period: 250.00  
PayPal

**B.** Full Name (Last, First, Middle Initial)  
Richard Robert Henderson

Mailing Address 2556 N Nc Highway 119

City State Zip Code  
Mebane NC 27302-9371

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

Name of Employer Occupation  
Burlington Dermatology Ce-  
nter Inc. Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 30 / 2009  
Transaction ID: 92e6a1443ab2b9872cb  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mark J. Holzberg

Mailing Address 981 Oakdale Rd NE

City State Zip Code  
Atlanta GA 30307-1271

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

Name of Employer Occupation  
Newnan Dermatology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 27 / 2009  
Transaction ID: 7d33b642eb3fe48a2f9  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J. Huether		Date of Receipt
	Mailing Address 5980 N La Cholla Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 14 / 2009
	City	State	Zip Code
	Tucson	AZ	85741-3559
	FEC ID number of contributing federal political committee.		Transaction ID: 7a05dbaf9fb4c6c88ee
	C <input type="text"/>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed		Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Hurt		Date of Receipt
	Mailing Address 21554 Mountsfield Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 13 / 2009
	City	State	Zip Code
	Golden	CO	80401-9432
	FEC ID number of contributing federal political committee.		Transaction ID: 5c444474b23dccb749c
	C <input type="text"/>		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 ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda J. Ilizaliturri		Date of Receipt
	Mailing Address 961 E Mount Wrightston Loop		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 22 / 2009
	City	State	Zip Code
	Green Valley	AZ	85614-6051
	FEC ID number of contributing federal political committee.		Transaction ID: 947dad4321b5b8aafce
	C <input type="text"/>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed		Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1865.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 35  
(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)  
Nora Maya Kachaturoff

Mailing Address 707 Trombley Rd

City State Zip Code  
Grosse Pointe Park MI 48230-1845

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 Y  
0 4 / 1 3 / 2 0 0 9

**Transaction ID:** 3757520a8baa117c2e7

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert V. Kolbusz

Mailing Address 1 Robin Hood Rnch

City State Zip Code  
Oak Brook IL 60523-2790

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

Name of Employer Center for Dermatology & Skin Cancer Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

**Transaction ID:** 6aad63696a3d9a4d489

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Jessica J. Krant

Mailing Address Apt 3  
220 W 71st St

City State Zip Code  
New York NY 10023-3747

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

Name of Employer Dermatology Consultants of Westchester Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 9

**Transaction ID:** 057e881fed6e90fb336

Amount of Each Receipt this Period  
251.00

PayPal

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1251.00**

**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 / 35  
(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)  
Esther J. Lee

Mailing Address 16500 Spillway Dr

City State Zip Code  
Wagram NC 28396-9561

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

Name of Employer Occupation  
Scotland Dermatology, P.A. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** 6ecc99ba7236e710f7e

Amount of Each Receipt this Period  
350.00

**B.**

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

Mailing Address Ste 100  
1259 S Cedar Crest Blvd

City State Zip Code  
Allentown PA 18103-6206

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2009

**Transaction ID:** fdf488d6866933b1904

Amount of Each Receipt this Period  
360.00

PayPal

**C.**

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

Mailing Address 211 State Route 71

City State Zip Code  
Spring Lake NJ 07762-1826

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  
04 / 27 / 2009

**Transaction ID:** 83a0ead3075b6de129f

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **960.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 35  
(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)  
John C. Long, JR.  
Mailing Address 2578 John Anderson Dr  
City Ormond Beach State FL Zip Code 32176-2404  
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 04 / 10 / 2009  
Transaction ID: 3f6b44d2198c5462101  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
William T. Long  
Mailing Address 71 Park Ave  
City New York State NY Zip Code 10016-2507  
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 04 / 30 / 2009  
Transaction ID: dc2ee80b4f2d070ff0c  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
John R. Luckasen  
Mailing Address Ste 360N  
4242 Farnam St  
City Omaha State NE Zip Code 68131-2850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Doctors Building, North Tower Occupation Dermatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 22 / 2009  
Transaction ID: 00aad3e3f5f91fe211b  
Amount of Each Receipt this Period 500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 35  
(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)  
Paul B. Lundstrom

Mailing Address 21729 Holman Point Dr

City Nisswa State MN Zip Code 56468-2377

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 04 / 10 / 2009  
**Transaction ID:** 9e28b611b790ca26693  
Amount of Each Receipt this Period 1000.00

**B.**

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

Mailing Address 436 William Way N

City Wyckoff State NJ Zip Code 07481-1710

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 04 / 14 / 2009  
**Transaction ID:** 35a830de743904f5277  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michaela W. McDonnell

Mailing Address 3455 S Yarrow St

City Lakewood State CO Zip Code 80227-5031

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

Name of Employer Center For Advanced Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 20 / 2009  
**Transaction ID:** 886e075322a64122915  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

**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 / 35

(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)  
Lawrence B. Meyerson

Mailing Address Ste 300  
2021 N Macarthur Blvd

City Irving State TX Zip Code 75061-2210

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  
04 / 13 / 2009

**Transaction ID:** 6fba86526267e72071a

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Alexander Miller

Mailing Address  
5823 E Crater Lake Ave

City Orange State CA Zip Code 92867-3314

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  
04 / 22 / 2009

**Transaction ID:** 62f52063ab84008fd97

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas George Olsen

Mailing Address  
524 Walnut Springs Dr

City Dayton State OH Zip Code 45419-2934

FEC ID number of contributing federal political committee. C

Name of Employer Dermpath Lab of Central States Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 10 / 2009

**Transaction ID:** 62708e6d1a39abb2b00

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

**TOTAL** This Period (last page this line number only) ..... 750.00

**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 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ariel Ostad		Date of Receipt MM / DD / YYYY 04 / 10 / 2009		
	Mailing Address # 30B 188 E 78th St		<b>Transaction ID:</b> 1d43363767ff5064a85		
	City New York	State NY	Zip Code 10021-0406	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven M. Passman		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 11740 SW 40th St		<b>Transaction ID:</b> d266e03db16127af989		
	City Towanda	State KS	Zip Code 67144-9035	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mid Kansas Dermatology Cl- inic PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Matthew Brett Quan		Date of Receipt MM / DD / YYYY 04 / 10 / 2009		
	Mailing Address Apt 21A 22 W 15th St		<b>Transaction ID:</b> f491119da9026214f37		
	City New York	State NY	Zip Code 10011-6848	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 35  
(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)  
Sandra I. Read

Mailing Address 6915 Radnor Rd

City State Zip Code  
Bethesda MD 20817-6328

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 ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 9

Transaction ID: 9ee23a4ae779b6a38af

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kelley Pagliai Redbord

Mailing Address Apt 210  
2425 L St NW

City State Zip Code  
Washington DC 20037-2416

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

Name of Employer Dermatology Surgery Group of Northern  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

Transaction ID: 0eee047b4e06d8f60c8

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
James Lendon Reeder

Mailing Address 1310 Somerville Rd SE

City State Zip Code  
Decatur AL 35601-4317

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

Name of Employer Dermatology  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: c089c86c07683103ed2

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

**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 / 35  
(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 M. Ridge

Mailing Address 1 Gardner Pl

City Middletown State OH Zip Code 45042-2338

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 Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: a992575ffd4a21df4a5

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Darrell S. Rigel

Mailing Address Apt 1604  
300 E 85th St

City New York State NY Zip Code 10028-4594

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

Name of Employer Rigel Dermatology Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: c6d7b3481d4f70cf560

Amount of Each Receipt this Period  
4000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kristine A. Romine

Mailing Address 4925 E Palomino Rd

City Phoenix State AZ Zip Code 85018-1815

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

Name of Employer Camelback Dermatology Occupation Practice Admin

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 4 / 2 0 / 2 0 0 9

Transaction ID: 0cc0cd42de6a8488118

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

**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 / 35

(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)  
Steven P. Rosenberg

Mailing Address Ste A102  
470 Columbia Dr

City State Zip Code  
West Palm Beach FL 33409-1983

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

Name of Employer Occupation  
Self Employed Dermatologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

Transaction ID: baaaa2b06d5427a2d8f

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Rosio

Mailing Address  
6101 Edgehill Dr

City State Zip Code  
El Dorado Hills CA 95762-5475

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

Name of Employer Occupation  
Anew Skin Dermatology Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 2 / 2 0 0 9

Transaction ID: 988d014e6bf5974c5e9

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles S. Samorodin

Mailing Address Ste 201  
54 Scott Adam Rd

City State Zip Code  
Cockeysville MD 21030-3359

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

Name of Employer Occupation  
Self Employed Dermatologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 0 9

Transaction ID: 4fe2a8a051555b82f67

Amount of Each Receipt this Period  
250.00

**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 25 / 35  
(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)  
Sarah B. Sawyer

Mailing Address 1512 Melrose Pl

City State Zip Code  
Homewood AL 35209-5420

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

Name of Employer: Dermatology & Laser of Alabama  
Occupation: Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 04 / 10 / 2009  
Transaction ID: 61043deb8624b3fb128  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sharon Scherl

Mailing Address 3 Patton Cres

City State Zip Code  
Closter NJ 07624-2821

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: 04 / 20 / 2009  
Transaction ID: f1d8a1eca1f7193b8a1  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward Shang-Lin Smith

Mailing Address 720 Yorkshire Rd

City State Zip Code  
Winston Salem NC 27106-5518

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

Name of Employer: Central Carolina Dermatology Clinic, I  
Occupation: Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 04 / 13 / 2009  
Transaction ID: c2710879bcb8093e1ef  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 35  
(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)  
Jason L. Smith

Mailing Address 1 Fox Chase SW

City State Zip Code  
Rome GA 30165-8565

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

Name of Employer Northwest Georgia Dermatology  
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 4 / 1 4 / 2 0 0 9

**Transaction ID:** 8e63593a601ba7fb8d8

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Cynthia R. Strohmeyer

Mailing Address Ste 200  
702 Goodlette Rd N

City State Zip Code  
Naples FL 34102-5628

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

Name of Employer Dermatology Specialists Of Naples  
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 4 / 1 0 / 2 0 0 9

**Transaction ID:** 836d5d1df159584ea2d

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory Wilkins Thompson

Mailing Address 255 Limestone Creek Rd

City State Zip Code  
San Antonio TX 78232-3501

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

Name of Employer Self Employed  
Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 9

**Transaction ID:** 96a8288a87026e20985

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 35  
(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 F. Tiefenbrunn

Mailing Address Ste 319  
6651 Chippewa St

City State Zip Code  
Saint Louis MO 63109-2532

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: 8828ea6b398c2088e13

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Nhu-Linh T. Tran

Mailing Address 2458 Tyne Ter SE

City State Zip Code  
Smyrna GA 30080-5986

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  
04 / 14 / 2009

Transaction ID: eccfc0313bc1c4d8ae7

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jackie Michael Tripp

Mailing Address 9743 Palma Vista Way

City State Zip Code  
Boca Raton FL 33428-3527

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

Name of Employer Tripp Dermatology Occupation Dermologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

Transaction ID: 8bfef231c5b81b2760d

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 28 / 35

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Latha S. Vellanki		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 9		
	Mailing Address 642 Madison Ave		<b>Transaction ID:</b> 44834b8ba847fd510d4		
	City Helena	State MT	Zip Code 59601-2760	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Helena Dermatology & Laser Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Raymond Walther		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 9		
	Mailing Address 1070 Park Ave		<b>Transaction ID:</b> 28833bd7ff5ad35f3f8		
	City New York	State NY	Zip Code 10128-1000	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer New York Presbyterian Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) T. Lynn Warthan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 9		
	Mailing Address 4730 NE Stallings Dr		<b>Transaction ID:</b> c25686fa88357be024b		
	City Nacogdoches	State TX	Zip Code 75965-1615	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Burtis Webster		Date of Receipt MM / DD / YYYY 04 / 14 / 2009		
	Mailing Address N2062 Wedgewood Dr E		<b>Transaction ID:</b> f79c0c497cd890f9eae		
	City La Crosse	State WI	Zip Code 54601-7175	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gundersen Clinic-Onalaska	Occupation Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl E. Weimer, JR.		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address 5004 Derby Ct		<b>Transaction ID:</b> 0faed1675d89d29b93d		
	City Murrells Inlet	State SC	Zip Code 29576-5846	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Waccamaw Dermatology & Plastic Surgery	Occupation Physician	Aggregate Year-to-Date 500.00		

PayPal

<b>C.</b>	Full Name (Last, First, Middle Initial) Jonathan S. Weiss		Date of Receipt MM / DD / YYYY 04 / 27 / 2009		
	Mailing Address 2848 Rangewood Ter NE		<b>Transaction ID:</b> 33704799620a813ede0		
	City Atlanta	State GA	Zip Code 30345-1581	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 250.00		

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

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

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

FOR LINE NUMBER: PAGE 30 / 35  
(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)  
Kevin Lynn Whaley

Mailing Address  
9487 Wolf Pack Ter

City State Zip Code  
Colorado Springs CO 80920-7679

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

Name of Employer Occupation  
Summit Dermatology PC Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2009

**Transaction ID:** add7421bb6a6f2d984e

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Bradley Allen White

Mailing Address 108 Mason Cv

City State Zip Code  
Searcy AR 72143-9049

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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 07 / 2009

**Transaction ID:** a65c3c07a5ae614545f

Amount of Each Receipt this Period  
1000.00

PayPal

**C.** Full Name (Last, First, Middle Initial)  
Allan S. Wirtzer

Mailing Address  
4836 Van Nuys Blvd

City State Zip Code  
Sherman Oaks CA 91403-2101

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

Name of Employer Occupation  
MidValley Dermatology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2009

**Transaction ID:** ec219b52ca7b961661b

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1765.00**

**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 / 35

(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)

Joseph J. Zaladonis, JR.

Mailing Address 1610 Knollwood Rd

City State Zip Code  
Bethlehem PA 18015-5531

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 4 / 2 2 / 2 0 0 9

Transaction ID: 50f50d3c727c56b326d

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas K. Zirker

Mailing Address 1762 NW Steidl Rd

City State Zip Code  
Bend OR 97701-1857

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 4 / 1 3 / 2 0 0 9

Transaction ID: a7f9d2ca724d69c1629

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel I. Zivony

Mailing Address 74 Wembley Rd

City State Zip Code  
Asheville NC 28804-1626

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

Name of Employer Self Employed Occupation  
Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 0 9

Transaction ID: 742d89113ba8ed22a9b

Amount of Each Receipt this Period  
500.00

PayPal

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

1000.00

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

46506.51

# 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 32 / 35

<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: V4ecb76134545b2c3888 Date of Disbursement 04 / 06 / 2009  Amount of Each Disbursement this Period 107.07  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/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: Vcea912ddcfb4346e0a8 Date of Disbursement 04 / 06 / 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: V898193bda8f683a8566 Date of Disbursement 04 / 06 / 2009  Amount of Each Disbursement this Period 126.34  001 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>263.41</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>263.41</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> a76c6f79feaa932fc3d</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 203 Maryland Ave NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> cfe4bff90601c37b467</p> <p>Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0613b0bf8dafcd15624</p> <p>Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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) Friends of Kent Conrad <hr/> Mailing Address PO Box 812 <hr/> City Bismarck State ND Zip Code 58502 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Kent Conrad <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5e4cd7d2eb9ae48ea95 Date of Disbursement 04 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Matheson for Congress <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 092965324ca101ce9e9 Date of Disbursement 04 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Wyden for Senate <hr/> Mailing Address PO Box 3498 <hr/> City Portland State OR Zip Code 97208 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: aa08d9bcb40514edc3c Date of Disbursement 04 / 29 / 2009 <hr/> Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	12000.00

**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 35 / 35

<input 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 checked="" 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)

Alan R. Shalita

Mailing Address Apt 9B  
70 E 77th St

City State Zip Code  
New York NY 10075-1811

Purpose of Disbursement  
Refund for overpayment of \$1.00

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: c77cdb545f44f9905f1

Date of Disbursement

04 / 14 / 2009

Amount of Each Disbursement this Period

1.00

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

1.00

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

1.00