REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 DEC -9 A 10: 10

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1350 I Street NW, Suite 880

CITY, STATE and ZIP CODE
Washington, DC 20005

2. FEC IDENTIFICATION NUMBER
C00359539

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11/07/00 in the State of USA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/19/00 through 11/27/00		
6. (a) Cash on Hand January 1, 2000		$ ----------
(b) Cash on Hand at Beginning of Reporting Period	$24,847.94	
(c) Total Receipts (from Line 19)	$ 2,746.67	$ 56,791.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$27,594.61	$ 56,791.28
7. Total Disbursements (from Line 30)	$13,147.25	$ 42,343.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$14,447.36	$ 14,447.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ ----------	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ ----------	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: Thomas P. Conway

Signature of Treasurer: Thomas P. Conway

Date: 11/28/00

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

FEC FORM 3X
(revised 9/93)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: American Academy of Dermatology Association

Political Action Committee

REPORT COVERING PERIOD FROM 10/19/00 TO: 11/27/00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,750.00	48,350.00	11(a)(i)
ii. Unitemized	800.00	6,075.00	11(a)(ii)
iii. Total (add i and ii) ➤	2,550.00	54,425.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		2,169.61	11(c)
d. Total Contributions (add a iii, b and c) ➤	2,550.00	56,594.61	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	196.67	196.67	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,746.67	56,791.28	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,746.67	56,791.28	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	647.25	843.92	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	647.25	843.92	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	12,500.00	41,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	13,147.25	42,343.92	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	13,147.25	42,343.92	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,550.00	56,594.61	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,550.00	56,594.61	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	647.25	843.92	35
36. Offsets to Operating Expenditures (from line 15)	196.67	196.67	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	450.58	647.25	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Binstock, M.D. 23 Peninsula Road Belvidere, CA 94920	Self-Employed Physician	10/20/00	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Margaret E. Parsons, M.D. 2561 E. Tiffany Lane Sacramento, CA 95827-1403	Self-Employed Physician	11/02/00	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marc J. Sorkin, M.D. 6633 S. Prescott Way Littleton, CO 80120	Self-Employed Dermatologist	11/06/00	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James A. Yeckley, M.D. 835 East 65th Street Savannah, GA 31405	Self-Employed Dermatologist	11/06/00	$500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William R. Gray, D.O. 125 N. Main Street Cheboygan, MI 49721	Northern Michigan Dermatology Dermatologist	11/17/00	$250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $1,750.00

TOTAL This Period (last page this line number only) $1,750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Congressman Joe Barton Committee P.O. Box 1444 Ennis, TX 75238	Joseph Barton 6th District - TX Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/24/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Bilbray for Congress 970 Seacoast Drive, Suite 7 Imperial Beach, CA 91932	Brian Bilbray 49th District - CA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Lois Capps P.O. Box 23940 Santa Barbara, CA 93121	Lois Capps 22nd District - CA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ben Cardin for Congress 100 East Pratt Street, 27th Floor Baltimore, MD 21202	Benjamin Cardin 3rd District - MD Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crane for Congress P.O. Box 8534 Rolling Meadows, IL 60008	Philip Crane 8th District - IL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Diana DeGette for U.S. Congress 770 Grant Street, #238 Denver, CO 80202	Diana DeGette 1st District - CO Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn 8th District - WA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gene Green Congressional Campaign P.O. Box 16128 Houston, TX 77222	Gene Green 29th District - TX Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rush Holt for Congress P.O. Box 782 Pennington, NJ 08534-1609	Rush Holt 12th District - NJ Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$1,000.00

SUBTOTAL of Disbursements This Page (optional)	$6,000.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. McCrery for Congress P.O. Box 4650 Shreveport, LA 71134	James McCrery 4th District - LA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
B. Richard E. Neal for Congress Committee 76 Magnolia Hall Springfield, MA 01108	Richard Neal 2nd District - MA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
C. Nussle for Congress Committee P.O. Box 324 Manchester, IA 52057	James Nussle 2nd District - IA Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
D. Pete Sessions for Congress P.O. Box 38585 Dallas, TX 75238	Pete Sessions 5th District - TX Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
E. John Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064	John Shadegg 4th District - AZ Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
F. Friends of Clay Shaw P.O. Box 2188 Ft. Lauderdale, FL 33303-2188	Clay Shaw 22nd District - FL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
G. Vic Snyder for Congress Campaign Committee P.O. Box 250998 Little Rock, AR 72225-0998	Vic Snyder 2nd District - AR Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
H. Ted Strickland for Congress 1337 Thomas Hollow Lucasville, OH 45648	Ted Strickland 6th District, OH Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
I. Terry for Congress P.O. Box 540098 Omaha, NE 68154	Lee Terry 2nd District - NE Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00

SUBTOTAL of Disbursements This Page (optional) $4,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Karen Thurman P.O. Box 5058 Inverness, FL 34450	Karen Thurman 5th District - FL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heather for Congress 1420 Carlisle, NE, Suite 108 Albequerque, NM 87110	Heather Wilson 1st District - NM Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressman Bill YoungCampaign Committee P.O. Box 103 Alexandria, FL 32210	Bill Young 10th District - FL Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/24/00	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	$12,500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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 Assocation Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American National Bank and Trust Company of Chicago 120 S. LaSalle Street Chicago, IL 60603	Credit Card Fees Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/31/00	$647.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$647.25
TOTAL This Period (last page this line number only)	$647.25

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 12-6-12
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMD
PREPARER

12-9-12
DATE PREPARED

(6/2010)