

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 Report for the: Primary, General, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special Election on 11 04 2008 in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Steven Debnar Signature of Treasurer Electronically Filed by Steven Debnar Date 10 24 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		285970.34
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	188781.07									
(c) Total Receipts (from Line 19) .....	34785.00	221566.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	223566.07	507536.34								
7. Total Disbursements (from Line 31) .....	29500.00	313470.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	194066.07	194066.07								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	27800.00	188532.00
(i) Itemized (use Schedule A) .....	6985.00	31034.00
(ii) Unitemized .....	34785.00	219566.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	2000.00
(c) Other Political Committees (such as PACs) .....	34785.00	221566.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	34785.00	221566.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34785.00	221566.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	4970.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	4970.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	308500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29500.00	313470.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	313470.27

**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 .....	34785.00	221566.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34785.00	221566.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4970.27
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	4970.27

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31  
(check only one)

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

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)  
John R. Adams

Mailing Address  
Ste E230

City State Zip Code  
Manhattan KS 66502-2865

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

Name of Employer  
Advanced Dermatology, P.A.

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 57ab9be8b874047872a

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Melanie L. Appell

Mailing Address Ste 202  
2100 16th Ave S

City State Zip Code  
Birmingham AL 35205-5067

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

Name of Employer  
Total Skin & Beauty Derm. Center

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 98155e7fa8157afeb60

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher J. Arpey

Mailing Address Department of Dermatology  
200 Hawkins Dr

City State Zip Code  
Iowa City IA 52242-1009

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

Name of Employer  
U of Iowa Hospitals

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 5c2602e16e04bd8b491

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 7 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David S. Balle

Mailing Address 18050 Mack Ave

City

Grosse Pointe

State

MI

Zip Code

48230-6235

FEC ID number of contributing federal political committee.

C

Name of Employer  
Grosse Pointe Dermatology Assoc.

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 03 / 2008

Transaction ID: 0740f15daaa0c295e0c

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jay G. Barnett

Mailing Address 163A E 70th St

City

New York

State

NY

Zip Code

10021-5109

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  
10 / 03 / 2008

Transaction ID: 0d880d49b384186359e

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mark A. Bechtel

Mailing Address Ste 290  
5965 E Broad St

City

Columbus

State

OH

Zip Code

43213-1562

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  
10 / 03 / 2008

Transaction ID: 3e26933d67f8f981379

Amount of Each Receipt this Period

500.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diane M. Bernardi

Mailing Address 935 E Snyder Ave

City State Zip Code  
Montpelier OH 43543-1251

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

Name of Employer Occupation  
WCFMC Dermatologist

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

Date of Receipt

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

Transaction ID: 7e5985d131fc7227d35

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gerald N. Bock

Mailing Address Ste C  
1617 Saint Marks Plz

City State Zip Code  
Stockton CA 95207-6423

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 ▼ 250.00

Date of Receipt

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

Transaction ID: 918ba726c68848fd623

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mitchell L. Bressack

Mailing Address  
70 W 94th Pl

City State Zip Code  
Crown Point IN 46307-1710

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 ▼ 250.00

Date of Receipt

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

Transaction ID: 6c5ac48cef62c482c8f

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 9 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard A. Clark

Mailing Address Department of Dermatology  
Health Science Center T-16-060

City State Zip Code  
Stony Brook NY 11794-0001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Stony Brook Dermatology Assoc. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** 8073e20e6eb2b1dd37b

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Fernando R. DeCastro

Mailing Address 250 Fountain Ct

City State Zip Code  
Lexington KY 40509-1888

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Dermatology Associates of Kentucky Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** 9da96fd3e4004d78b29

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Glenn A. Dobecki

Mailing Address 571 Main St

City State Zip Code  
South Weymouth MA 02190-1843

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 ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 09 / 2008

**Transaction ID:** 1718b2121d92b32f5c3

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 10 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
R. J. Fox

Mailing Address Ste 200  
3807 Spicewood Springs Rd

City Austin State TX Zip Code 78759-8966

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

Name of Employer Austin Dermcare Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 3737efa602edd2e7fcf

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
James F. Gregory

Mailing Address 510 Fullerton Rd

City Swansea State IL Zip Code 62226-2970

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  
1 0 / 0 3 / 2 0 0 8

Transaction ID: e445daabc9aa9dd6bb0

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Anna D. Guanche

Mailing Address Ste 339  
23622 Calabasas Rd

City Calabasas State CA Zip Code 91302-1594

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

Name of Employer Bella Skin Institute 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  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 38ae7c1bd1e04720372

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Terry P. Hadley

Mailing Address 290 Baker Ave

City State Zip Code  
Concord MA 01742-2189

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

Name of Employer Self Employed Occupation  
Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 3efa7d8d307533545c

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Eric L. Hanson

Mailing Address 301 NE Knott St

City State Zip Code  
Portland OR 97212-3014

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

Name of Employer Knott Street Dermatology, PC 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  
1 0 / 1 4 / 2 0 0 8

**Transaction ID:** d05132aa65bd33740ed

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick M. Hatfield

Mailing Address 299 Eagle Mountain Blvd

City State Zip Code  
Batesville AR 72501-4232

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** f3be19987e3a2c59e6e

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 12 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Eric W. Herman

Mailing Address 411 60th St

City State Zip Code  
West New York NJ 07093-2211

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 1ac2f54e282cad69302

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Manuel H. Hernandez

Mailing Address PO Box 510065

City State Zip Code  
Punta Gorda FL 33951-0065

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

Name of Employer Casa Grande Medical Plaza 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  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** 8cf9f4ea352d7bbb359

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address Ste 850  
1828 L St NW

City State Zip Code  
Washington DC 20036-5111

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  
1 0 / 1 5 / 2 0 0 8

**Transaction ID:** f52ad48067271f26696

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

**A.**

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

Mailing Address  
3123 Green Meadow Dr

City State Zip Code  
San Angelo TX 76904-6977

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

Name of Employer: Bel-Ami Dermatology  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 07 / 2008

**Transaction ID:** 21763a14f412cec2cd1

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth H. Katz

Mailing Address 1515 Randolph Ct

City State Zip Code  
Manitowoc WI 54220-8345

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

Name of Employer: Dermatology Associates of Wisconsin  
Occupation: Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** 520a7de93032058dfc9

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Lloyd E. King

Mailing Address Ste 104  
1900 Patterson St

City State Zip Code  
Nashville TN 37203-2149

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  
10 / 03 / 2008

**Transaction ID:** 33de4a17d998c5e0fef

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James D. Maberry

Mailing Address 1200 W Rosedale St

City State Zip Code  
Fort Worth TX 76104-4454

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  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 2fc6def8cc512a32847

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
John C. Maize

Mailing Address Ste 101  
266 W Coleman Blvd

City State Zip Code  
Mt Pleasant SC 29464-5651

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

Name of Employer AmeriPath, Inc. Occupation  
Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 8366f43404a61d09be1

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen H. Mandy

Mailing Address Ste 210  
555 Washington Ave

City State Zip Code  
Miami Beach FL 33139-6607

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** c9ee1413ef2318e3549

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 15 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alexandria Meccia

Mailing Address 7520 Ridgewood Ln

City State Zip Code  
Burr Ridge IL 60527-5159

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

Name of Employer: Dermatology Associates of La Grange  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 10 / 03 / 2008  
Transaction ID: f44d8f89bfb61519ddc  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Stanley J. Miller

Mailing Address Ste 201  
1104 Kenilworth Dr

City State Zip Code  
Towson MD 21204-3103

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

Name of Employer: Charles Towson Building  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 03 / 2008  
Transaction ID: edfb91784d862a1c728  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Maureen A. Mooney

Mailing Address 2724 N 31st St

City State Zip Code  
Tacoma WA 98407-6405

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

Name of Employer: Cascade Eye and Skin Centers  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 10 / 03 / 2008  
Transaction ID: 50a255140e79c4375c5  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph W. Musgrave

Mailing Address Governor Berkeley Prof Center  
1139 Professional Dr

City State Zip Code  
Williamsburg VA 23185-3329

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

Name of Employer Occupation  
Williamsburg Dermatology, Inc 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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 31738aa3eb060fdc10f

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Stephanie Neider

Mailing Address Ste 2500  
1293 E Parkdale Ave

City State Zip Code  
Manistee MI 49660-8929

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

Name of Employer Occupation  
Manistee Dermatology Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 5ae5ba52b89f9d7150f

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Gary S. Novatt

Mailing Address Ste 205  
2320 Bath St

City State Zip Code  
Santa Barbara CA 93105-5313

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 026fd0d0614412e4b94

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 17 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

William B. O'Grady

Mailing Address 707 Main St

City

Toms River

State

NJ

Zip Code

08753-6517

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  
10 / 03 / 2008

Transaction ID: 7444071d171034ab2cc

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William T. Parsons

Mailing Address

7832 Pat Booker Rd

City

Live Oak

State

TX

Zip Code

78233-2601

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Dermatology Assoc. of San Antonio

Occupation  
Physician

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
10 / 13 / 2008

Transaction ID: CFAA95E0-2026-4D8E-

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen M. Purcell

Mailing Address Ste 100

1259 S Cedar Crest Blvd

City

Allentown

State

PA

Zip Code

18103-6206

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Advanced Dermatology Associates

Occupation  
Physicians

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
10 / 01 / 2008

Transaction ID: 229911D9-4A59-4E47-

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard E. Ranchoff		Date of Receipt
	Mailing Address 23777 W Rim Dr		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Columbia Station	OH	44028-8918
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 95d37761d2127549ee9
Name of Employer West Valley Medical Building		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) Shelley H. Ray		Date of Receipt
	Mailing Address Ste 101 1419 Hamric Dr E		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Oxford	AL	36203-1933
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> d9d6de07d693bae601b
Name of Employer Advanced Dermatology and Skin Care Spe		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) Oliver M. Reed		Date of Receipt
	Mailing Address Ste 205 12900 Cortez Blvd		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Brooksville	FL	34613-4898
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4cecc966864b7bba138
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="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: PAGE 19 / 31  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Hobart K. Richey

Mailing Address 728 The Rialto

City State Zip Code  
Venice FL 34285-3524

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 Y  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 6d728bcea4e29183e64

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Elisa M. Roberts

Mailing Address Ste 200  
3 Walden Ridge Dr

City State Zip Code  
Asheville NC 28803-8587

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

Name of Employer Skyland Dermatology 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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 5a2477d4c12dc7215ed

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Howard D. Rosenman

Mailing Address Ste 312  
385 Oxford Valley Rd

City State Zip Code  
Yardley PA 19067-7704

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

Name of Employer Rosenman & Leventhal, PC 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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** b55581e9d2272124fde

Amount of Each Receipt this Period  
250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephen E. Rostan

Mailing Address Ste A  
185 Page Rd

City Pinehurst State NC Zip Code 28374-8747

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  
1 0 / 0 8 / 2 0 0 8

**Transaction ID:** 8ad497f5abdbd1e0df8

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Olaf J. Rustad

Mailing Address 4480 Centerville Rd

City White Bear Lake State MN Zip Code 55127-3674

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 2519cbfaec06e336aed

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Kerry M. Shafran

Mailing Address Ste 100  
3006 Baucom Rd

City Charlotte State NC Zip Code 28269-6763

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** cb87d5d6518a12cd2af

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 21 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David N. Silvers

Mailing Address 1045 Park Ave

City State Zip Code  
New York NY 10028-1030

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

Name of Employer Self Employed Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** 5176035baf0e6675158

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart A. Sobel

Mailing Address Ste 101  
4340 Sheridan St

City State Zip Code  
Hollywood FL 33021-3512

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

Name of Employer Sobel & Sofman Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** 1d713f960b76702efc0

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Laura S. Spears

Mailing Address 490 Shady Dell Rd

City State Zip Code  
York PA 17403-4483

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

Name of Employer Dermatology Associates of York Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2008

**Transaction ID:** d61ac4f8201d888d8c0

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 22 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephen P. Stone

Mailing Address Division of Dermatology  
PO Box 19644

City State Zip Code  
Springfield IL 62794-9644

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

Name of Employer Occupation  
SIU School of Medicine, Physician  
Div of Dermato

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

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

Transaction ID: 047a6c770b2f83edde1

Amount of Each Receipt this Period

1250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen P. Stone

Mailing Address Division of Dermatology  
PO Box 19644

City State Zip Code  
Springfield IL 62794-9644

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

Name of Employer Occupation  
SIU School of Medicine, Physician  
Div of Dermato

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 8

Transaction ID: 268387e10f2996fce92

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)  
Leonard J. Swinyer

Mailing Address Ste 310

City State Zip Code  
Salt Lake City UT 84124-1276

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  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 25801dcdd919c7c1b42

Amount of Each Receipt this Period

250.00

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

2750.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 31  
(check only one)  
 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)  
Robert R. Tawil

Mailing Address 3741 W Neptune St

City Tampa State FL Zip Code 33629-5118

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 ▼ 400.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** ee6384aac2641283023  
 Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Paul C. Timmermann

Mailing Address 6621 Poage Valley Road Ext

City Roanoke State VA Zip Code 24018-6850

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

Name of Employer Dermatology Associates of Roanoke Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 07 / 2008  
**Transaction ID:** 647509535e58ec26d21  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Marion M. Vujevich

Mailing Address 100 N Wren Dr

City Pittsburgh State PA Zip Code 15243-1248

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

Name of Employer M M Vujevich MD PC Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2008  
**Transaction ID:** 8d2253d0242f7a10a5b  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**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 / 31  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jining I. Wang

Mailing Address 1821 S Stoughton Rd

City Madison State WI Zip Code 53716-2257

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

Name of Employer Dean East Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2008  
Transaction ID: 5ad729bf18fcd2fcc32  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael C. White

Mailing Address Ste 202  
990 Main St

City Danville State VA Zip Code 24541-1802

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

Name of Employer Danville Dermatology Associates Inc Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2008  
Transaction ID: 032d2ae3f2d21a077c0  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dorota M. Wilson

Mailing Address 23 Atkinson Ln

City Newtown State PA Zip Code 18940-4225

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

Name of Employer Rosenman & Leventhal, PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2008  
Transaction ID: 2cc98dad6ffb50203b2  
Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dorota M. Wilson

Mailing Address 23 Atkinson Ln

City State Zip Code  
Newtown PA 18940-4225

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

Name of Employer Occupation  
Rosenman & Leventhal, PC Physician

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

Date of Receipt

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

Transaction ID: 0075445b0f87d695965

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory P. Wittenberg

Mailing Address 2820 Mount Rushmore Rd

City State Zip Code  
Rapid City SD 57701-5462

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

Name of Employer Occupation  
Rapid City Medical Center Physician

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

Date of Receipt

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

Transaction ID: c4cb8a279c297ebdbd8

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Melinda J. Woofter

Mailing Address 1959 Newark Granville Rd

City State Zip Code  
Granville OH 43023-9171

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

Name of Employer Occupation  
Midwest Dermatology Centr-  
e, LLC Physician

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

Date of Receipt

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

Transaction ID: 4ca9fca0066112f92f6

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 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul T. Zaydon

Mailing Address 115 Newport Ave

City State Zip Code  
Pawtucket RI 02861-4107

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  
1 0 / 0 3 / 2 0 0 8

**Transaction ID:** 8869f512423fbb5686f

Amount of Each Receipt this Period  
250.00

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

Mailing Address 47 Steep Hill Rd

City State Zip Code  
Weston CT 06883-1810

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** 0f7b08485d560428b46

Amount of Each Receipt this Period  
1000.00

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

**TOTAL** This Period (last page this line number only) ..... ► 27800.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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) Citizens for Altmire	Transaction ID: 55343-9477807879448
	Mailing Address PO Box 1776	Date of Disbursement 10 / 01 / 2008
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Jason Altmire	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc	Transaction ID: 55343-6728479266166
	Mailing Address PO Box 2918	Date of Disbursement 10 / 01 / 2008
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Elizabeth Dole	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee	Transaction ID: 62307-1838647723197
	Mailing Address PO Box 1949	Date of Disbursement 10 / 02 / 2008
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Contribution Candidate Name Richard J. Durbin	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement Contribution Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80422-2070886492729 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Kagen 4 Congress <hr/> Mailing Address 100 W. College Ave. 50 D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement Contribution Candidate Name Steven L. Kagen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 55343-6632959246635 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Montana Democratic Party <hr/> Mailing Address PO Box 802 ----- <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 57471-3186914324760 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Contribution

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

9000.00

**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) Nebraska Democratic State Central Committee	Transaction ID: 57471-4680139422416
	Mailing Address 1327 H Street Suite 200 Suite 201	Date of Disbursement 10 / 08 / 2008
	City Lincoln State NE Zip Code 68508	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pallone for Congress	Transaction ID: 55343-0192529559135
	Mailing Address PO Box 3176	Date of Disbursement 10 / 01 / 2008
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Frank Pallone, Jr.	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steve Austria for Congress	Transaction ID: 55343-3187524676322
	Mailing Address 2537 Obetz Drive	Date of Disbursement 10 / 01 / 2008
	City Beaver creek State OH Zip Code 45434	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Steven Austria	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	9500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 31

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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 81 S Fifth Street

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Contribution

Candidate Name  
Steve Stivers

Office Sought:  House  
 Senate  
 President

State: OH District: 15

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 55343-5028650164604

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

Image# 28934172989

Form/Schedule: **F3X**

Transaction ID:

\*\*\*\*\*