

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1350 I St NW  
Ste 870  
 Check if different than previously reported. (ACC)  
Washington DC 20005

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2007 through 08 31 2007

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 09 17 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		178898.71
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	206203.80									
(c) Total Receipts (from Line 19) .....	22780.00	213121.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	228983.80	392019.71								
7. Total Disbursements (from Line 31) .....	408.97	163444.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	228574.83	228574.83								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	19330.00	177061.00
(i) Itemized (use Schedule A) .....	3450.00	36060.00
(ii) Unitemized .....	22780.00	213121.00
(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) .....	22780.00	213121.00
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)) .....	22780.00	213121.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	22780.00	213121.00

**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.....	408.97	3944.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	408.97	3944.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	157500.00
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	2000.00
(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	2000.00
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))..	408.97	163444.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	408.97	163444.88

**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) .....	22780.00	213121.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22780.00	211121.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	408.97	3944.88
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	408.97	3944.88

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Nedil Aldarondo-Antonini</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7	
Mailing Address Ste 101 2344 Laguna Del Mar Ct		Transaction ID: f8c055352dee6dd63da	
City Laredo	State TX	Zip Code 78041-3468	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dermatology Specialists of Laredo		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Frederick Bauschard</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 2 Cricket Ln		Transaction ID: 0658bb1c60055827152	
City Brentwood	State MO	Zip Code 63144-1021	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
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	

Full Name (Last, First, Middle Initial) <b>C. Richard Blickenstaff</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7	
Mailing Address 6454 W Emerald St		Transaction ID: 6469431dd3447718752	
City Boise	State ID	Zip Code 83704-8734	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ada Dermatology		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Samia Borchers</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2007
Mailing Address 5727 Far Hills Ave		<b>Transaction ID:</b> 4ba95607c04bec5af7b
City Dayton	State OH	
Zip Code 45429-2207	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary Brademas</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2007
Mailing Address 33 Washington Sq W		<b>Transaction ID:</b> 159f08699d31bbd1659
City New York	State NY	
Zip Code 10011-9154	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 Dermatologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sara Chapman</b>		Date of Receipt MM / DD / YYYY 08 / 22 / 2007
Mailing Address 4916 Stony Ford Dr		<b>Transaction ID:</b> 5a6e71c297a8a001559
City Dallas	State TX	
Zip Code 75287	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Raymond Cornelison		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address 1716 Elmhurst Ave		<b>Transaction ID:</b> ac515cb7d855571d7dc	
City State Zip Code Nichols Hills OK 73120-1012	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Oklahoma	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Crutchfield		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7	
Mailing Address 1383 Chatterton Rd		<b>Transaction ID:</b> 24122ea554e8e3e95c7	
City State Zip Code Saint Paul MN 55123-1481	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Crutchfield Dermatology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Susan Denman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address 4546 SW Humphrey Blvd		<b>Transaction ID:</b> 30515f6f20f75179560	
City State Zip Code Portland OR 97221-2305	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Salvatore DiGrandi</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2007
Mailing Address 51 Hillside Ter		<b>Transaction ID:</b> e639f33182140bb890f
City <b>Mahopac</b>	State Zip Code NY 10541-4314	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William Freeman</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2007
Mailing Address 112 Steeplechase Run		<b>Transaction ID:</b> 5ec5f23f0c4ddb4d20
City <b>Warner Robins</b>	State Zip Code GA 31088-1616	
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Josephine Futrell</b>		Date of Receipt MM / DD / YYYY 08 / 08 / 2007
Mailing Address 10875 Belle Cour Way		<b>Transaction ID:</b> 9f3eafe93187c4e0957
City <b>Shreveport</b>	State Zip Code LA 71106-7771	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Willis Knight	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Hubert Greenway

Mailing Address PO Box 946

City Rancho Santa Fe State CA Zip Code 92067-0946

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

Name of Employer Scripps Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
08 / 31 / 2007

Transaction ID: 48860b97826f4534acb

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Grossman

Mailing Address 31 Windsor Dr

City Little Silver State NJ Zip Code 07739-1354

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  
08 / 08 / 2007

Transaction ID: d2d897ed4683dcb479d

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Gruson

Mailing Address 330 E 70th St

City New York State NY Zip Code 10021-8634

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

Name of Employer Skin Institute of NY Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
08 / 08 / 2007

Transaction ID: 5967e188aee283293a2

Amount of Each Receipt this Period  
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Andrew Hendricks		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address 4390 Fayetteville Rd		<b>Transaction ID:</b> 25f70423db31442daa9
City State Zip Code Lumberton NC 28358-2677	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Southeastern Dermatology, P.A.	Occupation Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kenneth Hertz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 7251 SW 102nd St		<b>Transaction ID:</b> db25c3bb6321bd3b15c
City State Zip Code Miami FL 33156-3128	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>C.</b> Herbert Holman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address 48 Schooner HI		<b>Transaction ID:</b> 0b83de5b3aca022ec8a
City State Zip Code Oakland CA 94618-2335	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Tim Ioannides

Mailing Address 1340 Olde Doubloon Dr

City State Zip Code  
Vero Beach FL 32963-2455

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  
08 / 29 / 2007

Transaction ID: 2889d1d081b03555c35

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Beverly Johnson

Mailing Address 1211 Sarah Dr

City State Zip Code  
Silver Spring MD 20904-2147

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

Name of Employer Self Employed Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
08 / 20 / 2007

Transaction ID: 452efee89361ab636c4

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Karlsberg

Mailing Address Ste 300  
1190 S Victoria Ave

City State Zip Code  
Ventura CA 93003-6545

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 ▼  
600.00

Date of Receipt  
08 / 14 / 2007

Transaction ID: b10cc3ffc1a3024ad7e

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1865.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Stanley Katz		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 7
Mailing Address 523 Westwood Ave		Transaction ID: 8613c042e2cd767ac03
City State Zip Code Long Branch NJ 07740-5215	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Robert Kenney		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address 450 Upper Main St		Transaction ID: 5986fe519a807907074
City State Zip Code Waterville ME 04901	Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Julie Lowe		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 7
Mailing Address 6423 Grandmark Dr		Transaction ID: 795001bd3d8ed7d10de
City State Zip Code Nichols Hills OK 73116-6534	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Plastic Surgery & Dermatology Associat Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Stephen Mahoney</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007	
Mailing Address 11331 Noblewood Bnd		<b>Transaction ID: 282b7e4c205d070a203</b>	
City State Zip Code Houston TX 77082-6845	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer West Houston Dermatology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Philip Meador</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 103 W Mason St		<b>Transaction ID: 27ea65608fe739b5452</b>	
City State Zip Code Franklinton NC 27525-1336	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Jason Michaels</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2007	
Mailing Address 2209 Glenbrook Way		<b>Transaction ID: 4f002c7a784667033c0</b>	
City State Zip Code Las Vegas NV 89117-5853	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Aspire Cosmetic MedCenter	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A. Thomas Morris</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address Department of Dermatology Ste 310		<b>Transaction ID:</b> a69e88b5e6c93e3084d	
City San Bruno	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 94066-3048			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Kaiser Permanente	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Ronald Moy</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 7	
Mailing Address 11737 Gwynne Ln		<b>Transaction ID:</b> ecdadcb3324cc46d4b4	
City Los Angeles	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 90077-1324			
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>C. Ruth Nesavas Barsky</b>		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7	
Mailing Address 735 Phillippa St		<b>Transaction ID:</b> 29e1d11949989454c41	
City Hinsdale	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60521-2444			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 20
	<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) David Orentreich Mailing Address 909 5th Ave City State Zip Code New York NY 10021-4115 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2007 <b>Transaction ID:</b> 78e4fd3fa79faf15425 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Orentreich Medical Group, LLP 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) Curt Samlaska Mailing Address Ste 315 100 N Green Valley Pkwy City State Zip Code Henderson NV 89074-6393 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2007 <b>Transaction ID:</b> 398d986cf0fe7ef1012 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Self Employed Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Hans Sander Mailing Address Ste 2101 11410 Jollyville Rd City State Zip Code Austin TX 78759-4093 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2007 <b>Transaction ID:</b> 0d06052082fb9f52249 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Capitol Dermatology Associates Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Lilly Schaffer

Mailing Address 6439 Bluffview Dr

City Frisco State TX Zip Code 75034-7257

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

Name of Employer Preston Dermatology 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  
 0 8 / 0 8 / 2 0 0 7

Transaction ID: 8534882d4099cbca054

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Brenda Schneider

Mailing Address 171 Calle Galisteo

City Santa Fe State NM Zip Code 87508-1545

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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 0 8 / 2 0 0 7

Transaction ID: ba18535c6d2695e2c70

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
Emanuel Silverstein

Mailing Address Apt 905  
11 Slade Ave

City Baltimore State MD Zip Code 21208-5212

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  
 0 8 / 2 2 / 2 0 0 7

Transaction ID: 7e7c6aba8bc811faedf

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 20
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Kristin Smallwood		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address Ste 722 1980 N Atlantic Ave		Transaction ID: 75a1800d20cc3a9dff5	
City Cocoa Beach	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32931-3275			
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Vera Soong		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address 2061 Magnolia Rdg		Transaction ID: 6c2cbdca5e0fc9b7b34	
City Birmingham	State AL	Amount of Each Receipt this Period 500.00	
Zip Code 35243-2022			
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Dermatology Centers	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Debra Wattenberg		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7	
Mailing Address 875 5th Ave		Transaction ID: 5088d420dfd9b41ca20	
City New York	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10021-4952			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 20
	(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)  
George Woodbury

Mailing Address 2118 Kirby Rd

City State Zip Code  
Memphis TN 38119-5510

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

Name of Employer  
Rheumatology & Dermatology Assoc.

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2007

**Transaction ID:** 986af9051f471c33b04

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Woodson

Mailing Address 10016 Robin Oaks Dr

City State Zip Code  
Las Vegas NV 89117-0950

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

Name of Employer  
Woodson Dermatology

Occupation  
Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2007

**Transaction ID:** 50fb1c8863de87b3007

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19330.00</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)

PAGE 20 / 20

<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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> V76158-3030816912651 <b>Date of Disbursement</b> 08 / 01 / 2007
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 133.40
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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Merchant Services</b>		<b>Transaction ID:</b> V76158-7485162615776 <b>Date of Disbursement</b> 08 / 02 / 2007
Mailing Address PO Box 6603		Amount of Each Disbursement this Period 245.57
City Hagerstown State MD Zip Code 21741-6603	Purpose of Disbursement Visa/MC 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) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Merchant Services</b>		<b>Transaction ID:</b> V76158-1120111346244 <b>Date of Disbursement</b> 08 / 02 / 2007
Mailing Address PO Box 6603		Amount of Each Disbursement this Period 30.00
City Hagerstown State MD Zip Code 21741-6603	Purpose of Disbursement Visa/Mastercard 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) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	408.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	408.97