

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 (SkinPAC)

ADDRESS (number and street) 1445 New York Avenue NW
Ste 800
 Check if different than previously reported. (ACC)
Washington DC 20005

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

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

5. Covering Period 05 01 2011 through 05 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer Electronically Filed by Steven Debnar Date 06 16 2011

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 (SkinPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		257375.07
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	296078.31									
(c) Total Receipts (from Line 19)	61895.83	211172.86								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	357974.14	468547.93								
7. Total Disbursements (from Line 31)	39808.65	150382.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	318165.49	318165.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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		
(i) Itemized (use Schedule A)	52270.55	179570.20
(ii) Unitemized	9625.28	31602.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	61895.83	211172.86
(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)	61895.83	211172.86
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))	61895.83	211172.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61895.83	211172.86

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	999.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	999.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	39808.65	149283.43
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	100.00
(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	100.00
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))..	39808.65	150382.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39808.65	150382.44

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)	61895.83	211172.86
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61895.83	211072.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	999.01
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	999.01

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 6 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) James H. Taylor	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 1322 Trail by the Lk	Transaction ID: A644A24AED7914BAFBE5
	City State Zip Code Deland FL 32724-1024	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Deland Dermatology & Derm Surgery Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 250.00	

B.	Full Name (Last, First, Middle Initial) Karl W. Siebe	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 11618 Woods Bay Ln	Transaction ID: AFB3998D258B5478CA76
	City State Zip Code Indianapolis IN 46236-8367	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Dermatology of Noblesville Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 250.00	

C.	Full Name (Last, First, Middle Initial) Lorrie J. Klein	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 33782 Shamrock Ln	Transaction ID: A8D6A108ACD85425490B
	City State Zip Code San Juan Capistran CA 92675-4952	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Self Employed Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 300.00	

SUBTOTAL of Receipts This Page (optional)	800.00
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 7 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Dr. Allen David Kallor	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 107 Lyman Rd	Transaction ID: A194FD94046DC41CFBAC
	City State Zip Code West Hartford CT 06117-1312	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. George R. Woodbury, Jr.	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 2118 Kirby Rd	Transaction ID: A6F76B4DB90C841F289E
	City State Zip Code Memphis TN 38119-5510	Amount of Each Receipt this Period 2750.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

C.	Full Name (Last, First, Middle Initial) Bruce D. Mallatt	Date of Receipt MM / DD / YYYY 05 / 02 / 2011
	Mailing Address 1620 Old Orchard Rd	Transaction ID: A959543FDA341441C97A
	City State Zip Code Vincennes IN 47591-5043	Amount of Each Receipt this Period 900.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Dermatology Clinic of Vincennes	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3900.00
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 8 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Thomas D. Griffin		Date of Receipt
	Mailing Address 741 Hunt Ln		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 02 / 2011
	City	State	Zip Code
	Flourtown	PA	19031-1001
	FEC ID number of contributing federal political committee. C		Transaction ID: AD904090B2D304F90802
Name of Employer Institute for Dermatopathology		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"/> 250.00

B.	Full Name (Last, First, Middle Initial) Jennifer M. Ridge		Date of Receipt
	Mailing Address 1 Gardner Pl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 02 / 2011
	City	State	Zip Code
	Middletown	OH	45042-2338
	FEC ID number of contributing federal political committee. C		Transaction ID: AB379F2219DAD4C10A7E
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"/> 500.00

C.	Full Name (Last, First, Middle Initial) Jennifer M. Ridge		Date of Receipt
	Mailing Address 1 Gardner Pl		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 02 / 2011
	City	State	Zip Code
	Middletown	OH	45042-2338
	FEC ID number of contributing federal political committee. C		Transaction ID: A2F7360D54897428F824
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"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) John Michael Carney		Date of Receipt MM / DD / YYYY 05 / 02 / 2011	
Mailing Address 4214 Fairview Rd		Transaction ID: AC348E6711D874EB29AF	
City Little Rock	State AR	Zip Code 72205-2061	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Southwest Medical Arts Bldg	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) Richard Helge Weyer		Date of Receipt MM / DD / YYYY 05 / 02 / 2011	
Mailing Address 20 E Calle De Amistad		Transaction ID: AD445288921FD4FDF9E3	
City Tucson	State AZ	Zip Code 85716-4912	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.

Full Name (Last, First, Middle Initial) Donald I. Posner		Date of Receipt MM / DD / YYYY 05 / 02 / 2011	
Mailing Address 1059 N Pointe Cir		Transaction ID: AD98C112BDB7E4F4AABD	
City Shreveport	State LA	Zip Code 71106-8421	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dermatology and Skin Surgery	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Maithily A. Nandedkar		Date of Receipt MM / DD / YYYY 05 / 02 / 2011		
	Mailing Address 717 N Garfield St		Transaction ID: A72FFF95C1D374D95B0E		
	City Arlington	State VA	Zip Code 22201-2034	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Professional Dermatology Care	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1000.00

B.	Full Name (Last, First, Middle Initial) Noah A. Craft		Date of Receipt MM / DD / YYYY 05 / 04 / 2011		
	Mailing Address 911 Palms Blvd		Transaction ID: AA539643905124E45AFA		
	City Venice	State CA	Zip Code 90291-3852	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UCLA School of Medicine	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

C.	Full Name (Last, First, Middle Initial) Margaret E. Olsen		Date of Receipt MM / DD / YYYY 05 / 04 / 2011		
	Mailing Address 1527 Tigertail Road		Transaction ID: A7B6AA0E3EF254B18AF2		
	City Los Angeles	State CA	Zip Code 90049-1430	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Margaret & Olsen, MD, Inc.	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
500.00

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 11 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Alan W. Heller		Date of Receipt MM / DD / YYYY 05 / 04 / 2011		
	Mailing Address 1760 Termino Ave Ste 114		Transaction ID: A4B30FAC48B554241B1C		
	City Long Beach	State CA	Zip Code 90804-2169	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Matthew P. Shaffer		Date of Receipt MM / DD / YYYY 05 / 04 / 2011		
	Mailing Address 23 Crestview Dr		Transaction ID: A9BBC4CC23B0840D38AA		
	City Salina	State KS	Zip Code 67401-3587	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heartland Dermatology and Skin Cancer		Occupation Dermatologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Stephen Roger Marshall		Date of Receipt MM / DD / YYYY 05 / 04 / 2011		
	Mailing Address 2507 N Meadow Lake Dr		Transaction ID: A0078E7692C124B56BF1		
	City Hutchinson	State KS	Zip Code 67502-1519	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Elise Olsen		Date of Receipt
	Mailing Address 109 Carolina Forest		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Chapel Hill	NC	27516-9033
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Physician	Transaction ID: AFC4613D620384BFA855
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Mark L. Welch		Date of Receipt
	Mailing Address 6621 Jill Ct		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Mc Lean	VA	22101-1613
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Physician	Transaction ID: A8CDE1C8809EB4A23BCB
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>

C.	Full Name (Last, First, Middle Initial) Dr. Mark Rubin		Date of Receipt
	Mailing Address 16170 Clear Valley Pl		<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Encino	CA	91436-3312
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Physician	Transaction ID: AEDEB2CAC34134F658BF
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1115.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Ritu Saini

Mailing Address 225 E 34th St
Apt 5G

City State Zip Code
New York NY 10016-4731

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

Name of Employer NY Medical Skin Solution-s, PLLC
Occupation Mohs Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: A3C4C880D55C94C0A882

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 14044 White Deer Ln

City State Zip Code
Omaha NE 68112-3640

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

Name of Employer Retired
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: AD24B525202E04AA1A1B

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Song S. Cho

Mailing Address 455 S Rossmore Ave

City State Zip Code
Los Angeles CA 90020-4741

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

Name of Employer Self Employed
Occupation Physican

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: A3DC31C48FA8F4C81BB7

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 53
(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 (SkinPAC)

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

Mailing Address 4165 S Tropical Trl

City Merritt Island State FL Zip Code 32952-6224

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

Name of Employer Brevard Skin & Cancer Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: A1D85173116094F50903
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Misty Todd Sharp

Mailing Address 1015 Prince George St

City Columbus State MS Zip Code 39701-3524

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

Name of Employer Westmoreland Dermatology & Surgery Cen Occupation Dermatologist / Dermatopathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: A7B34A9A8C4F149CC85B
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Joseph M. Malters

Mailing Address 10685 Larson Ln

City Rolla State MO Zip Code 65401-8108

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

Name of Employer The Dermatology Center, LLC Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: A7B03795BB88248329EA
Amount of Each Receipt this Period: 800.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Angela Yen Moore

Mailing Address 2501 Royal Glen Ct

City State Zip Code
Arlington TX 76012-5549

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

Name of Employer Occupation
Arlington Center for Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: A8A507597F46647F5A5B

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Katherine Anne Wier

Mailing Address 6250 N Rockwell St Apt 1

City State Zip Code
Chicago IL 60659-2724

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: A93718880F41F425FB2F

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Amy S. Pappert

Mailing Address 947 Spring Run Ln

City State Zip Code
Martinsville NJ 08836-2102

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

Name of Employer Occupation
UMDNJ - Robert Wood Johnson Medical Sc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: A1AF3A1B40604464F827

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 / 53
(check only one)

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

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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Oswald L. Mikell

Mailing Address 29 Dory Ct

City Bluffton State SC Zip Code 29909-4308

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

Name of Employer: Dermatology Associates of the Lowcount Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: AC1CF72F56BC54DD38AA
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Nancy J. Samolitis

Mailing Address 356 N Alfred St

City Los Angeles State CA Zip Code 90048-2503

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

Name of Employer: Laser Skin Care Center Occupation: Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 09 / 2011
Transaction ID: AF670940BACE741A0BDC
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Bryon L. Gaul

Mailing Address 16854 257th Ave

City Spirit Lake State IA Zip Code 51360-6809

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

Name of Employer: Gaul Dermatology Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 10 / 2011
Transaction ID: A4D700FE6B3064C3DA79
 Amount of Each Receipt this Period: 1000.00

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 17 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Leon Eugene Luck

Mailing Address 25 Forest St
Apt 9D

City State Zip Code
Stamford CT 06901-1856

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

Name of Employer Dermatology Associates of Fairfield Co
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: AD504CA153AD34004B11

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
John R. Adams

Mailing Address 220 Fordham Road

City State Zip Code
Manhattan KS 66503-3034

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

Name of Employer Advanced Dermatology PA
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: A120385C4197640C580B

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Katherine Renee Hamlet

Mailing Address 870 Azalea PI SE

City State Zip Code
Aiken SC 29801-7202

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

Name of Employer Southside Dermatology
Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2011

Transaction ID: A33128CBE33D143AD81B

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Richard Robert Henderson		Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 2556 N NC Highway 119		Transaction ID: A815E915387DB4F0CBAF
	City Mebane	State NC	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Burlington Dermatology Center Inc.		Occupation Dermatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Carter Poole		Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 172 W Oakridge Park		Transaction ID: A7464919A2A3240F5AFB
	City Metairie	State LA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Poole Dermatology		Occupation Dermatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Jay M. Barnett		Date of Receipt MM / DD / YYYY 05 / 10 / 2011
	Mailing Address 11704 Lake Potomac Dr		Transaction ID: AAB3EDE4783D54B88990
	City Potomac	State MD	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Great Washington Dermatology, PA		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 19 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Robert G. Greenberg		Date of Receipt MM / DD / YYYY 05 / 10 / 2011		
	Mailing Address 5201 Norris Canyon Rd Ste 130		Transaction ID: A3CE8F85A207F43C6B14		
	City San Ramon	State CA	Zip Code 94583-5410	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Katrina Smith		Date of Receipt MM / DD / YYYY 05 / 10 / 2011		
	Mailing Address 5705 Lakeshore Dr		Transaction ID: AC2FA34005B1846E5ABE		
	City Wausau	State WI	Zip Code 54401-6704	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Aspirus Dermatology		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Peter H. Bouman		Date of Receipt MM / DD / YYYY 05 / 11 / 2011		
	Mailing Address 91 Flying Point Rd Lowr		Transaction ID: A063D4BB17DFE4EDBBFF		
	City Freeport	State ME	Zip Code 04032-6502	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bates Mill Dermatology, PLLC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1650.00
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 20 / 53
	<input checked="" 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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Anna M. Sarno Ryan		Date of Receipt MM / DD / YYYY 05 / 11 / 2011		
	Mailing Address 169 Fleming St		Transaction ID: ADC686B76C5F742759E7		
	City Manchester	State NH	Zip Code 03104-4754	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Physician		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Kenrick Hamilton Roberts		Date of Receipt MM / DD / YYYY 05 / 11 / 2011		
	Mailing Address Craigs Lane Road		Transaction ID: A6F9E58F37B2740D0AF9		
	City Frostburg	State MD	Zip Code 21532	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Physician		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Candace Thornton Spann		Date of Receipt MM / DD / YYYY 05 / 11 / 2011		
	Mailing Address 608 Pinnacle Heights Ln		Transaction ID: AAAC211CD88564268B7E		
	City Las Vegas	State NV	Zip Code 89144-0909	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self Employed		Occupation Physician		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) Tina S. Alster		Date of Receipt MM / DD / YYYY 05 / 11 / 2011	
Mailing Address 1430 K St NW Ste 200		Transaction ID: A41D1C0D67F4A499FAD3	
City Washington	State DC	Zip Code 20005-2504	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Institute of Dermatologic L	Occupation Physician; Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B.

Full Name (Last, First, Middle Initial) Charles Eric Gambla		Date of Receipt MM / DD / YYYY 05 / 11 / 2011	
Mailing Address 1265 Lake Trace Cv		Transaction ID: A3DDDC0241DB743E18F1	
City Hoover	State AL	Zip Code 35244-3964	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alabama Dermatology Associates, PC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C.

Full Name (Last, First, Middle Initial) Emily J. Fisher		Date of Receipt MM / DD / YYYY 05 / 11 / 2011	
Mailing Address 15 Albemarle St Apt 6		Transaction ID: A1A2BB586411C4F6DA3E	
City Boston	State MA	Zip Code 02115-4946	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lahey Clinic	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) Llewellyn Phillips, II		Date of Receipt MM / DD / YYYY 05 / 11 / 2011
Mailing Address 4509 Talbot Rd S Ste 200		Transaction ID: A08C42049C8A54572869
City Renton	State WA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Cynthia R. Strohmeyer		Date of Receipt MM / DD / YYYY 05 / 11 / 2011
Mailing Address 1900 8th St S		Transaction ID: AAA7C3FBBF8DD4117B77
City Naples	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dermatology Specialists Of Naples	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Ronald Ralph Brancaccio		Date of Receipt MM / DD / YYYY 05 / 11 / 2011
Mailing Address 67 Perry St		Transaction ID: A92EA30E85AF74D3F8E1
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Skin Institute of New York	Occupation Dermatologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 23 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Linda M. Cooke	Date of Receipt MM / DD / YYYY 05 / 11 / 2011
	Mailing Address 8795 County Road 418	Transaction ID: AA406334708C742019A6
	City State Zip Code Hannibal MO 63401-6878	Amount of Each Receipt this Period 800.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Riverside Dermatology Dermatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) James Todd Williams	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 1871 Queens Meadow Ct	Transaction ID: A903BB87E46F749B4822
	City State Zip Code Asheboro NC 27205-8797	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Asheboro Dermatology & Sk- in Surgery Ce Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Jack B. Cohen	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 6940 Robin Willow Dr	Transaction ID: A848B76C495F84655931
	City State Zip Code Dallas TX 75248-2916	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UT Southwestern Medical School Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
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 24 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Ms. Karen Collishaw	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 3 Thorburn Road	Transaction ID: A2DA84A9AC26548A4BC9
	City State Zip Code Gaithersburg MD 20878-2627	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation American Academy of Dermatology Association Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00

B.	Full Name (Last, First, Middle Initial) Anastasios A. Pappas	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 19211 Shamrock Ln	Transaction ID: A004F92BBBCD38409AB17
	City State Zip Code Shafer MN 55074-9808	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Croix Regional Medical Center Retired Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

C.	Full Name (Last, First, Middle Initial) Adarsh Vijay Mudgil	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 250 E 54th St Apt 27B	Transaction ID: A360F3D99A73645E3A75
	City State Zip Code New York NY 10022-4815	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mudgil Dermatology, P.C. Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00

SUBTOTAL of Receipts This Page (optional)	814.00
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 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 (SkinPAC)

A. Full Name (Last, First, Middle Initial)
Alison Ehrlich
Mailing Address 7204 45th St
City Chevy Chase State MD Zip Code 20815-6033
FEC ID number of contributing federal political committee. **C**
Name of Employer GWU Medical Faculty Associates Occupation Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 16 / 2011
Transaction ID: A2B33782081BF4D4495D
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Marc E. Boddicker
Mailing Address 705 Columbus St
City Rapid City State SD Zip Code 57701-3623
FEC ID number of contributing federal political committee. **C**
Name of Employer Advanced Dermatology Center, PC Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 05 / 16 / 2011
Transaction ID: A28C63E0B163C4D21BDE
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Juliann S. Wallner
Mailing Address 6200 E 6th Avenue Pkwy
City Denver State CO Zip Code 80220-5310
FEC ID number of contributing federal political committee. **C**
Name of Employer Apex Dermatology Group Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 05 / 16 / 2011
Transaction ID: AE618779A3E5F482D8EF
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) R. John Fox, Jr.		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 7705 Valburn Dr		Transaction ID: A57AA36F3346946A3859		
	City Austin	State TX	Zip Code 78731-1153	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Austin Dermcare	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Sandra I. Read		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 6915 Radnor Rd		Transaction ID: ADA65A6C1A3EA4A508B1		
	City Bethesda	State MD	Zip Code 20817-6328	Amount of Each Receipt this Period 454.55	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation INVESTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1818.20			

C.	Full Name (Last, First, Middle Initial) Van Fletcher		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 13652 Cantara St Department of Dermatology		Transaction ID: AA45185489BD544CEAE8		
	City Panorama City	State CA	Zip Code 91402-5423	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Dermatologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	1219.55
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 27 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Paula M. Bevilacqua		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 41 Brookside Dr		Transaction ID: ACFCB6ABCD9A24011B48		
	City Hamden	State CT	Zip Code 06517-1410	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Dr. Tanya Kormeili		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 10969 Wellworth Ave Apt 325		Transaction ID: A4CF1F8E83F1248298D5		
	City Los Angeles	State CA	Zip Code 90024-6298	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Brian P. Biernat		Date of Receipt MM / DD / YYYY 05 / 16 / 2011		
	Mailing Address 1087 Lincoln Rd		Transaction ID: A5C808C4AB4D74955ABC		
	City Columbus	State OH	Zip Code 43212-3235	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Center for Surgical Dermatology	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	950.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) Dr. Elizabeth Shannon Martin		Date of Receipt MM / DD / YYYY 05 / 16 / 2011	
Mailing Address 861 Tulip Poplar Dr		Transaction ID: A6432B2E22C3E4111A7E	
City Birmingham	State AL	Zip Code 35244-1639	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Martin Dermatology and Sk- in Wellness	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B.

Full Name (Last, First, Middle Initial) Clay J Cockerell		Date of Receipt MM / DD / YYYY 05 / 16 / 2011	
Mailing Address 4312 Arcady		Transaction ID: A67EA01D985AD4B06AB6	
City Dallas	State TX	Zip Code 75205-3704	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cockerell & Associates	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

C.

Full Name (Last, First, Middle Initial) Dr. Neal Bhatia		Date of Receipt MM / DD / YYYY 05 / 16 / 2011	
Mailing Address 400 N Broadway Unit 801		Transaction ID: A936BC6B2A38840ED811	
City Milwaukee	State WI	Zip Code 53202-5512	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lakeshore Medical Clinics	Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	965.00
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 29 / 53
(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 (SkinPAC)

A.

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

Mailing Address 2021 S Wiggins Ave

City Springfield State IL Zip Code 62704-3338

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

Name of Employer SIU School of Medicine Div of Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 16 / 2011

Transaction ID: A8CBA6060E29E42429CD

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Sabra Sullivan

Mailing Address 102 Hidden Hts

City Ridgeland State MS Zip Code 39157-8626

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

Name of Employer Dermatology Associates, LLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 16 / 2011

Transaction ID: A7481A1603BDA4CAAA38

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Hazle Smith Konerding

Mailing Address 205 Cyril Ln

City Henrico State VA Zip Code 23229-7740

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

Name of Employer Commonwealth Dermatology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2085.00

Date of Receipt 05 / 16 / 2011

Transaction ID: A9F299436CDDD4A208E6

Amount of Each Receipt this Period 417.00

SUBTOTAL of Receipts This Page (optional) ► 1017.00

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 30 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 (SkinPAC)

A. Full Name (Last, First, Middle Initial)
Patrice M. Healey
Mailing Address 604 26th St
City State Zip Code
Manhattan Beach CA 90266-2229
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 MM / DD / YYYY 05 / 17 / 2011
Transaction ID: AB99A5C2D30B448CE958
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
James Henry Auerbach
Mailing Address 435 Saint Michaels Dr Ste A101
City State Zip Code
Santa Fe NM 87505-7668
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Physican
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Transaction ID: AE163D2F049094DC4A69
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Kristen Anne Richards
Mailing Address 2890 Sugarman Ct.
City State Zip Code
La Jolla CA 92037-2139
FEC ID number of contributing federal political committee. **C**
Name of Employer Torrey Pines Dermatology Occupation CEO, Board-certified Dermatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt MM / DD / YYYY 05 / 17 / 2011
Transaction ID: A87C7ADE510334CEA935
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Ronald Wayne Cotliar

Mailing Address 3311 Spectrufrn
Ste G

City Irvine State CA Zip Code 92618-3374

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: AC4F0586764FD4B8D9F4

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Richard M. Matkaluk

Mailing Address 3262 Celinda Dr.

City Carlsbad State CA Zip Code 92008-2071

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: ADF3973D190BD46E7933

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 200 Hawkins Dr
Department of Dermatology

City Iowa City State IA Zip Code 52242-1007

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 Y
0 5 / 1 8 / 2 0 1 1

Transaction ID: A4CD66FCD621945E9816

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 32 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Jennifer Zahn Cooper		Date of Receipt	
	Mailing Address 735 Chapel Ridge Rd		M M / D D / Y Y Y Y 05 / 18 / 2011	
	City	State	Zip Code	Transaction ID: A5953145D58C1455989E
	Lutherville	MD	21093-1898	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
Name of Employer North Baltimore Dermatology		Occupation Dermatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		365.00		

B.	Full Name (Last, First, Middle Initial) Alan R. Shalita		Date of Receipt	
	Mailing Address 70 E 77th St Apt 9B		M M / D D / Y Y Y Y 05 / 18 / 2011	
	City	State	Zip Code	Transaction ID: A495F5A46EFD64F6EA4F
	New York	NY	10075-1811	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer SUNY Downstate Medical Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

C.	Full Name (Last, First, Middle Initial) Michelle M. Blaeser		Date of Receipt	
	Mailing Address 1871 Bayard Ave		M M / D D / Y Y Y Y 05 / 24 / 2011	
	City	State	Zip Code	Transaction ID: A5CB938C29E15416D94C
	Saint Paul	MN	55116-1212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		300.00	
Name of Employer Park Nicollet Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

SUBTOTAL of Receipts This Page (optional)	▶	765.00
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 33 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 (SkinPAC)

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

Mailing Address 23777 W Rim Dr

City Columbia Station State OH Zip Code 44028-8918

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

Name of Employer West Valley Medical Building Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2011
Transaction ID: A8E2D5B5A7D31404B8A5
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Molly A. Hinshaw

Mailing Address 4671 Signature Dr

City Middleton State WI Zip Code 53562-2364

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

Name of Employer Dermpath Diagnostics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2011
Transaction ID: A37F09BDBE5524D83A89
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Thomas L. Davis

Mailing Address 221 Morningside Dr

City San Antonio State TX Zip Code 78209-4733

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

Name of Employer Self Employed Occupation Dermatopathologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 24 / 2011
Transaction ID: A10F433388EB94BE1B71
 Amount of Each Receipt this Period 1500.00

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: PAGE 34 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 (SkinPAC)

A. Full Name (Last, First, Middle Initial)
Kim B. Yancey

Mailing Address 7111 Turtle Creek Blvd

City State Zip Code
Dallas TX 75225-7425

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

Name of Employer: Univ of Texas Southwestern Medical Cen
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 05 / 24 / 2011
Transaction ID: A14D9DC2FB419409384B
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Lisa Benest

Mailing Address 2234 Del Mar Rd Apt 6

City State Zip Code
Montrose CA 91020-1562

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 ▼
250.00

Date of Receipt: 05 / 24 / 2011
Transaction ID: ACE3D708436804D19964
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Howard Murad

Mailing Address 2141 Rosecrans Ave Ste 6100

City State Zip Code
El Segundo CA 90245-4759

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

Name of Employer: Self Employed
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 05 / 24 / 2011
Transaction ID: A0E0F38173A1745A58CD
 Amount of Each Receipt this Period: 250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) David Michael Duffy	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 4201 Torrance Blvd Ste 710	Transaction ID: A6A44BCD4B7024DEC93F
	City Torrance State CA Zip Code 90503-4519	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) David C. Olansky	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address Peachtree Lenox Building Suite 500	Transaction ID: A6E4AF9D3D778405D9E9
	City Atlanta State GA Zip Code 30326	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Brian P. Mekelburg	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 8631 W 3rd St Ste 1035	Transaction ID: AA344C02EDE2E45049A3
	City Los Angeles State CA Zip Code 90048-5964	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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 36 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 (SkinPAC)

A. Full Name (Last, First, Middle Initial)
Ken Washenik
 Mailing Address 9100 Wilshire Blvd
 City State Zip Code
Beverly Hills CA 90212-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 05 / 24 / 2011
Transaction ID: AEEB9AE317F364B3EBFD
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Julia Christine Alexander
 Mailing Address 4275 Baldwin Ave
 City State Zip Code
Culver City CA 90232-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 05 / 24 / 2011
Transaction ID: A45EE48739599428E84E
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael G. Bodnar
 Mailing Address 94 Oak View Ct
 City State Zip Code
Simi Valley CA 93065-8226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 05 / 24 / 2011
Transaction ID: AB50A1A05AE43450EA2A
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Sherri Iona Peace	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 8930 S Sepulveda Blvd Ste 104	Transaction ID: A67226D2A3AF345DAA87
	City Los Angeles State CA Zip Code 90045-3606	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Gennady Rubinstein	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 3946 Ventura Canyon Ave	Transaction ID: AF7145C42F301427D93A
	City Sherman Oaks State CA Zip Code 91423-4742	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dermatology and Laser Centre of Studio Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Christine Stanko	Date of Receipt MM / DD / YYYY 05 / 24 / 2011
	Mailing Address 1211 Limberlost Ln	Transaction ID: ABD03C653A8C14165866
	City Gladwyne State PA Zip Code 19035-1410	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bryn Mawr Dermatology Occupation Dermatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 38 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) Dr. Melvin Chiu		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 1000 Granville Ave Apt 103		Transaction ID: A9787DA0C8B5649A588C
City Los Angeles	State Zip Code CA 90049-6008	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. B. Thomas Thomas Reams		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 2229 Magnolia Grove Way		Transaction ID: AD6886DEE484847BC998
City Midlothian	State Zip Code VA 23113-4904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Jeffrey A. Klein		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 30280 Rancho Viejo Rd		Transaction ID: A522674A490EA400D880
City San Juan Capistran	State Zip Code CA 92675-1561	
FEC ID number of contributing federal political committee. C		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) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Vicki Harriet Rapaport		Date of Receipt
	Mailing Address 10800 Garfield Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Culver City	CA	90230-4115
	FEC ID number of contributing federal political committee. C		Transaction ID: A8B9454B04AEB4E13A80
Name of Employer Self Employed		Occupation Dermatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Dr. Ralph Kammell		Date of Receipt
	Mailing Address 5253 Lakeview Canyon Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Westlake Village	CA	91362-5214
	FEC ID number of contributing federal political committee. C		Transaction ID: AA776299045D24DC1B1F
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"/> 250.00

C.	Full Name (Last, First, Middle Initial) Heather Joy Roberts		Date of Receipt
	Mailing Address 11600 Wilshire Blvd Ste 408		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Los Angeles	CA	90025-1785
	FEC ID number of contributing federal political committee. C		Transaction ID: A531A77FA24F44CC5ADC
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"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) Kevin Lynn Whaley		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 9487 Wolf Pack Ter		Transaction ID: A0842624053FA4002A2A
City Colorado Springs	State Zip Code CO 80920-7679	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Summit Dermatology PC	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Maral Kibarian Skelsey		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 1513 35th St NW		Transaction ID: A785630B536DF4502ACD
City Washington	State Zip Code DC 20007-2729	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dermatological Surgical Center	Occupation Dermatologist	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Lawrence E. Blanchard		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 4101 Sulgrave Rd		Transaction ID: A5BF44DA1016640EFBF9
City Richmond	State Zip Code VA 23221-3331	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dermatology Associates of Virginia	Occupation Dermatologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 41 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) James A. Solomon		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 249 Chelsea Place Ave		Transaction ID: AC62720993D134A4097A
City Ormond Beach	State Zip Code FL 32174-0687	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Advanced Dermatology & Co- smetic Surgeon	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Tony M. Hsu		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 7672 Amazon Dr Apt 2		Transaction ID: AF6CDEDED98CC84307ACE
City Huntington Beach	State Zip Code CA 92647-8623	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) David Charles Rish		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 435 N Roxbury Dr Ste 204		Transaction ID: AE9AEC2B8F49B4786948
City Beverly Hills	State Zip Code CA 90210-5004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1615.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Tina S. Alster

Mailing Address 1430 K St NW
Ste 200

City Washington State DC Zip Code 20005-2504

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

Name of Employer Washington Institute of Dermatologic L Occupation Physician; Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2011

Transaction ID: A41184A3164D044F1B97

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Peter Michael Goldman

Mailing Address 425 N Maple Dr
Unit 504

City Beverly Hills State CA Zip Code 90210-5903

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

Name of Employer Goldman Dubow Medical Grp Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2011

Transaction ID: A0150E52FB6FE4DD7A99

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
David Goldman

Mailing Address 538 N La Jolla Ave

City Los Angeles State CA Zip Code 90048-2235

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

Name of Employer Kaiser Permanente Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 24 / 2011

Transaction ID: AFD6AD0A46D5F4211850

Amount of Each Receipt this Period 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 53
	<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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) Joshua M. Wieder		Date of Receipt	
	Mailing Address 100 Ucla Medical Plz Ste 730		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: AD4949772FA1D480DB91
	Los Angeles	CA	90024-6995	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Wieder Dermatology and Laser Center		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Rebecca L. Fitzgerald		Date of Receipt	
	Mailing Address 7307 Clinton St		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: A4875AE2EC7D24334A7C
	Los Angeles	CA	90036-1954	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
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 ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) Shawn R. Sabin		Date of Receipt	
	Mailing Address 5021 Tomahawk Rd		M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: A4BC6CA086200449C822
	Prairie Village	KS	66208-2468	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Derm & Skin Cancer Specialists		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 44 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) David T. Woodley		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 640 Millard Canyon Rd		Transaction ID: AFF52F4EA4FFE48D3A91
City Altadena	State Zip Code CA 91001-3851	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Southern California	Occupation Dermatologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Binh T. Ngo		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 974 Figueroa Ter Apt 10		Transaction ID: A6BCE683BF3F94DF8B22
City Los Angeles	State Zip Code CA 90012-5911	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Univ of Southern California	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Daniel S. Behroozan		Date of Receipt MM / DD / YYYY 05 / 24 / 2011
Mailing Address 2220 Ave of Stars Apt 1705		Transaction ID: A3A054697B59548B8843
City Los Angeles	State Zip Code CA 90067-5641	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Dermatology Institute of Southern CA	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 45 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Diane M. Bernardi

Mailing Address 12277 County Road E35

City State Zip Code
Bryan OH 43506-8309

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

Name of Employer MCHA Montpelier Clinic Occupation Dermatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: A3E9F9C9F76F94E93B26

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Tanzi

Mailing Address 5503 Alta Vista Rd

City State Zip Code
Bethesda MD 20814-1612

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

Name of Employer Wash Inst Derm Laser Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: AF0D7209C4AAF43E5B05

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. William Abramovits

Mailing Address 17228 Lechlade Ln

City State Zip Code
Dallas TX 75252-4208

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

Name of Employer Dermatology Treatment & Research Cente Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: A73B3F0EEAB004512B02

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 46 / 53
(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)
Carmen David Campanelli

Mailing Address 14 Shadow Ln

City State Zip Code
Chadds Ford PA 19317-9334

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

Name of Employer Occupation
Yardley Dermatology Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: AF93B29A7AB924320A2D

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ava T. Shamban

Mailing Address 507 Palisades Ave

City State Zip Code
Santa Monica CA 90402-2721

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

Name of Employer Occupation
Laser Institute for Derm and European Pysician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: AC718377B0225466E987

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Steven M. Rotter

Mailing Address 8301 Old Courthouse Rd

City State Zip Code
Vienna VA 22182-3804

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

Name of Employer Occupation
Center for Skin Surgery Dermatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2011

Transaction ID: A6142E41199B54BDFB0B

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 47 / 53

(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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Scott Bennion

Mailing Address 2800 Garden Creek Rd

City State Zip Code
Casper WY 82601-6600

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

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

Transaction ID: AB1885C82A5A347C598D

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)

Rebecca Lee Euwer

Mailing Address 9 Medical Pkwy
Ste 105

City State Zip Code
Dallas TX 75234-7852

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

Name of Employer Self Employed Occupation
Self Employed Physician

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

Date of Receipt

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

Transaction ID: AAB959CE174414651B7B

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Grossman

Mailing Address 31 Windsor Dr

City State Zip Code
Little Silver NJ 07739-1354

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

Name of Employer Self Employed Occupation
Self Employed Dermatologist

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

Date of Receipt

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

Transaction ID: AA9CCB93DC8DB491DAD6

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 48 / 53	
	(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"/> 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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial) William Milton Narva		Date of Receipt	
Mailing Address 10601 Wilshire Blvd Apt 1203		M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 1	
City Los Angeles	State CA	Zip Code 90024-4520	Transaction ID: A2DF82340879C42A8A9D
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Retired	Occupation Dermatolgist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	52270.55

**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 49 / 53

<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

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 (SkinPAC)

A. Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address PO Box 6603 <hr/> City Hagerstown State MD Zip Code 21741-6603 <hr/> Purpose of Disbursement VS/MC Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011	Transaction ID: B8353B5ED966F40CEA22 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1140.41
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other2011	Transaction ID: BB932097617054019AB0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 668.24
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement Candidate Name Rep. Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE42EA2E4918F4FB6B47 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6808.65

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)

PAGE 50 / 53

<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

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 (SkinPAC)

A.	Full Name (Last, First, Middle Initial) OSnowe for Senate	Transaction ID: B0F306C4688EA4C86BEA
	Mailing Address PO Box 2012	Date of Disbursement 05 / 02 / 2011
	City Portland State ME Zip Code 04104	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Charlie Dent for Congress	Transaction ID: BCEE7F70610644E30857
	Mailing Address PO Box 442	Date of Disbursement 05 / 02 / 2011
	City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name Rep. Charles W. Dent	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc.	Transaction ID: B900BA7ABB5A24E96BBE
	Mailing Address PO Box 61337	Date of Disbursement 05 / 02 / 2011
	City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Rep. Diana DeGette	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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 (SkinPAC)

<p>A. Full Name (Last, First, Middle Initial) Whitfield for Congress Committee</p> <p>Mailing Address PO Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B5CBF8DA5BC844FFEBC2</p> <p>Date of Disbursement MM / DD / YYYY 05 / 02 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Olson for Congress Committee</p> <p>Mailing Address PO Box 16381</p> <p>City Sugar Land State TX Zip Code 77496</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Peter G Olson Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 22</p>	<p>Transaction ID: B1FBFE7F67B5C4733B0F</p> <p>Date of Disbursement MM / DD / YYYY 05 / 02 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Sherrod Brown Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:</p>	<p>Transaction ID: B2DD0BAF0B0A94F59B9F</p> <p>Date of Disbursement MM / DD / YYYY 05 / 02 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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 (SkinPAC)

<p>A. Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1DF33F9B4D064328A7E</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192 Suite F</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BED213A66980640F9B24</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) KEVIN MCCARTHY FOR CONGRESS</p> <p>Mailing Address PO Box 12667</p> <p>City Bakersfield State CA Zip Code 93389</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name Rep. Kevin Mccarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B54BD881F744145C0AE4</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 53 / 53

<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

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 (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

FREEDOM PROJECT; THE

Transaction ID: BBB18D301D3254994B4A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	1

Mailing Address 631-B Pennsylvania Ave., SE
Basement UNIT

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Other2011

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

39808.65
