

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Dermatology Association Political Action Committee (SkinPAC)

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

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

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

5. Covering Period 12 / 01 / 2011 through 12 / 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 Steven Debnar [Electronically Filed] Date 07 / 19 / 2013

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="257375.07"/>	<input type="text" value="257375.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="415884.10"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="20418.15"/>	<input type="text" value="409383.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="436302.25"/>	<input type="text" value="666758.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15178.07"/>	<input type="text" value="245634.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="421124.18"/>	<input type="text" value="421124.18"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15553.15	347334.73
(ii) Unitemized .....	4865.00	62048.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20418.15	409383.57
(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) .....	20418.15	409383.57
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 Transfers (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))..... ▶	20418.15	409383.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20418.15	409383.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	678.07	7884.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	678.07	7884.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	236000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	1750.00
(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	1750.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	15178.07	245634.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15178.07	245634.46

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	20418.15	409383.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20418.15	407633.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	678.07	7884.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	678.07	7884.46

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

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

FOR LINE NUMBER: PAGE 6 OF 24  
(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. Yolanda Rosi Helfrich**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Pittsview Dr

City Ann Arbor State MI Zip Code 48108-2902

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

Name of Employer University of Michigan Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2011

**Transaction ID : A29A48ACC89EF416FACF**

Amount of Each Receipt this Period  
**300.00**

**B. Daniel D. Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1119 Van Buren St

City Madison State WI Zip Code 53711-2223

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

Name of Employer University of Wisconsin School of Medi Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2011

**Transaction ID : AA3B9F81CF0974FA6B4B**

Amount of Each Receipt this Period  
**500.00**

**c. Smita Agarwal**  
Full Name (Last, First, Middle Initial)

Mailing Address 1376 Plymouth Rd

City Bridgewater State NJ Zip Code 08807-1410

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

Name of Employer The Dermatology Center of New Jersey Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011

**Transaction ID : AD543BE9B14684843902**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **780.00**

**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 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Frederick A. Lupton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5305 Sequoia Ct  
 City Greensboro State NC Zip Code 27455-2184  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lupton Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : A442E7BC368AA4754AB1**  
 Amount of Each Receipt this Period  
**300.00**

**B. Christopher B. Harmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7215 Breitenfeld PI  
 City Vestavia State AL Zip Code 35242-8500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Surgical Dermatology Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : A008C14C828884B0CADB**  
 Amount of Each Receipt this Period  
**250.00**

**C. Donald I. Posner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1059 N Pointe Cir  
 City Shreveport State LA Zip Code 71106-8421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology and Skin Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : A638658BC9CC24A54A9C**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. Nancy L. Marchell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15465

City West Palm Beach State FL Zip Code 33416-5465

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

Name of Employer Palm Beach Dermatology Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 06 / 2011  
Transaction ID : **A76EE3F75377F4E8A86D**

Amount of Each Receipt this Period  
250.00

**B. Arielle N. B. Kauvar**  
Full Name (Last, First, Middle Initial)

Mailing Address 61 Franklin Rd

City Scarsdale State NY Zip Code 10583-7527

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

Name of Employer New York Laser & Skin Care Occupation Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 06 / 2011  
Transaction ID : **AB4FEFB527129436D8D6**

Amount of Each Receipt this Period  
1000.00

**C. Alexandria Meccia**  
Full Name (Last, First, Middle Initial)

Mailing Address 7520 Ridgewood Ln

City Burr Ridge State IL Zip Code 60527-5159

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

Name of Employer Dermatology Associates of La Grange Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 06 / 2011  
Transaction ID : **A79F8E2774DF24AB7BF5**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**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 9 OF 24
	<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	<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)**

Full Name (Last, First, Middle Initial)  
**A. Alan Lee Spinowitz**

Mailing Address 877 Stewart Ave

City Garden City State NY Zip Code 11530-4803

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

Name of Employer Self-Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 06 / 2011

Transaction ID : **AA4FDA37491684558AD6**

Amount of Each Receipt this Period 365.00

Full Name (Last, First, Middle Initial)  
**B. Brian Cook**

Mailing Address 737 N. Michigan Ave Suite 2310

City Chicago State IL Zip Code 60611-2635

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

Name of Employer NW Skin Cancer Institute, LTD Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2011

Transaction ID : **AEE7C546ED51B4F1F828**

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)  
**C. Jerome L. Shupack**

Mailing Address 250 E. 31st St Apt 9c

City New York State NY Zip Code 10016-6372

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

Name of Employer NYU Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2011

Transaction ID : **A841237AA3C5C4F339FC**

Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<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. Scott A. Fretzin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8103 Clearvista Pkwy Suite 220

City Indianapolis State IN Zip Code 46256-4697

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

Name of Employer Dawes Fretzin Dermatology Group Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 06 / 2011

**Transaction ID : ACBC4F02D052B4672B18**

Amount of Each Receipt this Period 365.00

**B. James L. Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 2814 SE Steele St Suite 7

City Portland State OR Zip Code 97202-4525

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2011

**Transaction ID : AE2C4A3C417E4411F8AC**

Amount of Each Receipt this Period 500.00

**C. Debra L. Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 2903 Boyds Cove Dr

City Annapolis State MD Zip Code 21401-7395

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 06 / 2011

**Transaction ID : A20DF5D9CA86848598F5**

Amount of Each Receipt this Period 1000.00

**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 11 OF 24
	<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. Matthew D. Barrows**  
Full Name (Last, First, Middle Initial)

Mailing Address 1790 N Stonebridge Dr

City McKinney State TX Zip Code 75071-7437

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

Name of Employer Derm & Skin Cancer Surgery Center Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 06 / 2011  
**Transaction ID : AB4711157D41449A1B84**

Amount of Each Receipt this Period 250.00

**B. Gina Charlene Ang**  
Full Name (Last, First, Middle Initial)

Mailing Address 810 Pinecrest Ave SE

City Grand Rapids State MI Zip Code 49506-3435

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 12 / 06 / 2011  
**Transaction ID : AFFF89B09DC9D4814BE1**

Amount of Each Receipt this Period 250.00

**C. E. Michael Kramer**  
Full Name (Last, First, Middle Initial)

Mailing Address 721 Governor Cir

City Newtown Square State PA Zip Code 19073-2611

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

Name of Employer Quest Diagnostics Occupation Vice President of Dermatopathology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2011  
**Transaction ID : A3A15CB43EA1445E980E**

Amount of Each Receipt this Period 500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<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. John R. Ashley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3613 E 88th St

City Tulsa State OK Zip Code 74137-2671

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

Name of Employer St. Francis Hospital Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2011

**Transaction ID : A00FA371EB7BA4CEDB8C**

Amount of Each Receipt this Period 250.00

**B. Michael Charles Margulies**  
Full Name (Last, First, Middle Initial)

Mailing Address 8940 N. Kendall Dr Suite 704e

City Miami State FL Zip Code 33176-2100

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

Name of Employer Self Employed Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 13 / 2011

**Transaction ID : A8758933834714C24830**

Amount of Each Receipt this Period 500.00

**C. Sabra Sullivan**  
Full Name (Last, First, Middle Initial)

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 Self Employed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 20 / 2011

**Transaction ID : A0D4F0A9ABED94F358D2**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 13 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Tricia R. Andrews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7744 Deerwood Pt Ct  
 City Jacksonville State FL Zip Code 32256-2825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : A10EF7CD304204C25A14**  
 Amount of Each Receipt this Period  
 100.00

**B. Dmitry Khasak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 77 Park Ave Suite 1a  
 City New York State NY Zip Code 10016-2556  
 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 ▼ 212.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : AC1B84818F39842248B5**  
 Amount of Each Receipt this Period  
 30.42

**C. Elizabeth Shannon Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 861 Tulip Poplar Dr  
 City Hoover State AL Zip Code 35244-1639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Baptist Health Systems  
 Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : A30588DA26EC84B08B49**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<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. Hazle Smith Konerding**  
Full Name (Last, First, Middle Initial)

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 ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : A9695E05816554FEFA08**

Amount of Each Receipt this Period  
413.00

**B. Sandra I. Read**  
Full Name (Last, First, Middle Initial)

Mailing Address 6915 Radnor Rd

City Bethesda State MD Zip Code 20817-6328

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

Name of Employer Self Employed Occupation INVESTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : A543FB59AEA59422DBB2**

Amount of Each Receipt this Period  
454.50

**C. William Lenox Heimer**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 Santa Fe Dr Suite 310

City Encinitas State CA Zip Code 92024-5140

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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : A8CFC182E70714442994**

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1217.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
	<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. Alan I. Westheim**  
Full Name (Last, First, Middle Initial)

Mailing Address 4005 Lessig Ln

City Stroudsburg State PA Zip Code 18360-9030

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  
12 / 20 / 2011  
**Transaction ID : A836DC1755367497991E**

Amount of Each Receipt this Period  
250.00

**B. Charity Foster McConnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 Granny White Pike

City Brentwood State TN Zip Code 37027-5754

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

Name of Employer Franklin Dermatology Group, PLC Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
12 / 20 / 2011  
**Transaction ID : AF5171EFF7137456DA74**

Amount of Each Receipt this Period  
100.00

**C. Elizabeth Ann Abel**  
Full Name (Last, First, Middle Initial)

Mailing Address 648 Distel Dr

City Los Altos State CA Zip Code 94022-1501

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

Name of Employer California Skin Institute Occupation Dermatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 20 / 2011  
**Transaction ID : A6603D3240EB840D9BB7**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 16 OF 24
<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. Raymond L. Cornelison Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1829 Drakestone Ave  
City Nichols Hills State OK Zip Code 73120-4715  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dermatology Associates Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **12 / 20 / 2011**  
**Transaction ID : AF3BE96A809C14FA5972**  
Amount of Each Receipt this Period **1250.00**

**B. Barbara Greenan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1445 New York Ave NW Suite 800  
City Washington State DC Zip Code 20005-2125  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Academy of Dermatology Occupation Association Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 20 / 2011**  
**Transaction ID : A48053C17A8644A2C9C9**  
Amount of Each Receipt this Period **45.40**

**C. Eileen Murray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 N. La Salle Dr Apt 2601  
City Chicago State IL Zip Code 60654-8530  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Academy of Dermatology Occupation Association Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 20 / 2011**  
**Transaction ID : A61B76F0E7B3546BEA3A**  
Amount of Each Receipt this Period **250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1545.40</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Karen Collishaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 New York Ave NW  
 Ste 800  
 City Washington State DC Zip Code 20005-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Academy of Dermatology Occupation Association Management  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1008.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : A4F6E1907406A463FA11**  
 Amount of Each Receipt this Period  
**84.00**

**B. Ann Margaret Leibold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4021 S Dexter St  
 City Englewood State CO Zip Code 80113-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Advanced Dermatology Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : ADE1850243E6D4951824**  
 Amount of Each Receipt this Period  
**250.00**

**C. Corrie V. Alford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 357 Hepburn Dr  
 City Atlanta State GA Zip Code 30349-1031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kaiser Permanente Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **486.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2011  
**Transaction ID : A8EE3E74AF50049BFB1C**  
 Amount of Each Receipt this Period  
**60.83**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>394.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Christine A. DeWitt**

Mailing Address 4200 Cathedral Ave NW Apt 912

City	State	Zip Code
Washington	DC	20016-4922

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

Name of Employer	Occupation
Georgetown Univ Hospital	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2011

**Transaction ID : A3E1F2E3F185E46B887B**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Phyllis K. Murphy**

Mailing Address 418 Saint Andrews Dr

City	State	Zip Code
Belleair	FL	33756-1935

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

**Transaction ID : AF3F3904703464C66A70**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey P. Young**

Mailing Address 2121 Beech St

City	State	Zip Code
Texarkana	AR	71854-3509

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

Name of Employer	Occupation
Dermatology Associates	Dermatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

**Transaction ID : A6CE02447F5B14405913**

Amount of Each Receipt this Period  
280.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	830.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Jerome L. Shupack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 E. 31st St Apt 9c  
 City New York State NY Zip Code 10016-6372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NYU Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 30 / 2011**  
**Transaction ID : A9602CB2167814F1DA41**  
 Amount of Each Receipt this Period **500.00**

**B. Paul S. Cabiran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 Hospital Dr Suite 302  
 City Highlands State NC Zip Code 28741-7616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highlands Dermatology Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 30 / 2011**  
**Transaction ID : A05A16A3E330B4D8B91A**  
 Amount of Each Receipt this Period **500.00**

**C. Avis Brown Yount**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2922 Bransford Rd  
 City Augusta State GA Zip Code 30909-3004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Augusta Dermatology Associates Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 30 / 2011**  
**Transaction ID : A452AC96620844069869**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<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"/>	<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. William Henry Saye Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2201 Forest Hills Dr Suite 7  
 City Harrisburg State PA Zip Code 17112-1089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Dermatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : A9C25BD7E59CC45F485E**  
 Amount of Each Receipt this Period  
**250.00**

**B. Jeffrey C. Houin Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4830 Acorn Dr  
 City Belden State MS Zip Code 38826-9545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology Center of North MS, PA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : AAB332AD7416D4580AB6**  
 Amount of Each Receipt this Period  
**250.00**

**C. Paul C. Timmermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6621 Poage Valley Road Ext  
 City Roanoke State VA Zip Code 24018-6850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dermatology Associates of Roanoke Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2011  
**Transaction ID : A2623F7AF24074836A33**  
 Amount of Each Receipt this Period  
**325.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>825.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>15553.15</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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)**

Full Name (Last, First, Middle Initial)

### A. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement  
Aristotle Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

Transaction ID : B61C79E3AE16D4C09941

Amount of Each Disbursement this Period

291.50
--------

Full Name (Last, First, Middle Initial)

### B. Merchant Services

Mailing Address PO Box 6603

City Hagerstown State MD Zip Code 21741-6603

Purpose of Disbursement  
MC/VS Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

Transaction ID : BCE4F350278264E059B7

Amount of Each Disbursement this Period

222.25
--------

Full Name (Last, First, Middle Initial)

### C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Amex Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

Transaction ID : B6FED123EC68C4AF8A73

Amount of Each Disbursement this Period

164.32
--------

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

678.07
--------

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

678.07
--------

**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)**

Full Name (Last, First, Middle Initial)

**A. Becerra for Congress**

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name

**Rep. Xavier Becerra**

Office Sought:  House  
 Senate  
 President

State: CA District: 34

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : B68D17D526D1B4CF1B02**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Allyson Schwartz for Congress**

Mailing Address PO Box 2232

City Jenkintown State PA Zip Code 19046-0832

Purpose of Disbursement

Candidate Name

**Rep. Allyson Y. Schwartz**

Office Sought:  House  
 Senate  
 President

State: PA District: 13

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2011

**Transaction ID : B07D51C977618447FA9E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2011

**Transaction ID : BE951AF3DB721440B967**

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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)**

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC - MC PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

Transaction ID : **BB2C984D7865C440F82A**

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for Congress**

Mailing Address 8550 United Plaza Blvd.  
Suite 1001

City Baton Rouge State LA Zip Code 70809

Purpose of Disbursement

Candidate Name

**Rep. Bill Cassidy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			07			2011			

Transaction ID : **B265772FCDD544DC78BE**

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C. Committee for the Preservation of Capitalism (CPC), the**

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2011			

Transaction ID : **B4740679361AF4F3DA20**

Amount of Each Disbursement this Period

2500.00									
---------	--	--	--	--	--	--	--	--	--

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

7500.00									
---------	--	--	--	--	--	--	--	--	--

**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)**

Full Name (Last, First, Middle Initial)

### A. Shore Pac

Mailing Address PO Box 3157

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			02			2011					

Transaction ID : B120D3097A6ED44F1974

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

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

2500.00
---------

14500.00
----------