

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I Street NW

Suite 880

Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00359539

3. IS THIS REPORT

NEW (N) OR

X

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)

X 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 (12S)

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

01

01

2003

through

06

30

2003

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

Mr. David Anderson

Signature of Treasurer

Electronically Filed by Mr. David Anderson

Date

02

03

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: ^M01 ^D01 ^Y2003 To: ^M06 ^D30 ^Y2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2003 ^M ^D		41691.10
(b) Cash on Hand at Beginning of Reporting Period	41691.10	
(c) Total Receipts (from Line 19)	70125.59	70125.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111816.69	111816.69
<hr/>		
7. Total Disbursements (from Line 31)	72000.00	72000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39816.69	39816.69
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: ^M01 ⁻01 ⁻2003 To: ^M06 ⁻30 ⁻2003

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)	58850.00	
(ii) Unitemized	11238.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	70088.00	70088.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	70088.00	70088.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	37.59	37.59
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))	70125.59	70125.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70125.59	70125.59

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	72000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	72000.00	72000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	72000.00	72000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	70088.00	70088.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70088.00	70088.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Richard Gordon Glasgow		Date of Receipt M / D / Y 01 / 06 / 2003
Mailing Address 120 Dorantes Avenue		Transaction ID: 7797331
City San Francisco	State CA	Zip Code 94116-1431
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ann F. Hass		Date of Receipt M / D / Y 02 / 05 / 2003
Mailing Address 813 Mockingbird Place		Transaction ID: 7882729
City Davis	State CA	Zip Code 95616-7523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brett M. Goldron		Date of Receipt M / D / Y 02 / 06 / 2003
Mailing Address 1105 Riverhill Drive		Transaction ID: 7882730
City Covington	State KY	Zip Code 41011-1123
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: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Thomas George Olsen		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address 524 Walnut Springs Drive		Transaction ID: 7882745
City Dayton	State OH	Zip Code 45419-2834
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Dermatologists of South West OH, Inc.	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David L. Allyn		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address		Transaction ID: 7882743
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Margaret E. Olsen		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address		Transaction ID: 7882747
City	State	Zip Code
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: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 54

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Shelley Sekula-Gibbs		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address		Transaction ID: 7882748
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. C. William Doubleday		Date of Receipt M / D / Y 02 / 21 / 2003
Mailing Address		Transaction ID: 7882748
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Greg Thompson		Date of Receipt M / D / Y 02 / 27 / 2003
Mailing Address 14815 San Pedro Suite 200		Transaction ID: 7882733
City	State	Zip Code
San Antonio	TX	78232-4321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Suzanne Marie Connolly		Date of Receipt M / D / Y 02 / 27 / 2003
Mailing Address 8228 East Via Las Casallas		Transaction ID: 7898644
City Paradise Valley	State AZ	Zip Code 85253-2269
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Gary S. Novak		Date of Receipt M / D / Y 02 / 27 / 2003
Mailing Address 525D Louisiana Place		Transaction ID: 7898644
City Santa Barbara	State CA	Zip Code 93111-2909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Cyndi Jill Yag-Howard		Date of Receipt M / D / Y 02 / 27 / 2003
Mailing Address 134D Pelican Avenue		Transaction ID: 7882734
City Naples	State FL	Zip Code 34102-5479
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. William D. James		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 788 Applegate Lane		Transaction ID: 7882731
City Bryn Mawr	State PA	Zip Code 19010-1117
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joel K. Sears		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address		Transaction ID: 7882741
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Gordon Glogau		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 120 Dorantas Avenue		Transaction ID: 7882739
City San Francisco	State CA	Zip Code 94118-1431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 11 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. William Patrick Davey		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 989 Warrenton Circle		Transaction ID: 7882735
City Lexington	State KY	Zip Code 40502-3067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Dermatology Association of Kentucky	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jean-Claude Bydlyn		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 211 Central Park West		Transaction ID: 7886642
City New York	State NY	Zip Code 10024-6020
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard August Clark		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 7 Osprey Lane		Transaction ID: 7882737
City East Setauket	State NY	Zip Code 11733-4062
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: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Edger B. Smith		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 391 B Solano Place NE		Transaction ID: 7882742
City	State	Zip Code
Albuquerque	NM	87110-5636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Jimmy D. Schmidt		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address		Transaction ID: 7882736
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David K. Murdock		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 2405 East Lakeshore		Transaction ID: 7882740
City	State	Zip Code
Whitefish	MT	59537-5338
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Robert Joseph McNamara		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 451 B Montgomery Street		Transaction ID: 7899645
City	State	Zip Code
Oakland	CA	94611-4200
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Owen Ertle		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 431 North Adams		Transaction ID: 7899643
City	State	Zip Code
Hinsdale	IL	60521-3123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anne E. Laumann		Date of Receipt M / D / Y Y Y Y 02 / 27 / 2003
Mailing Address 6754 South Euclid Avenue		Transaction ID: 7882732
City	State	Zip Code
Chicago	IL	60649-1028
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: Primary General Other (specify) ▼		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Kenneth A. Arndt		Date of Receipt M / D / Y 03 / 06 / 2003
Mailing Address 104 Lake Avenue		Transaction ID: 8089182
City Newton Center	State MA	Zip Code 02459-2108
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Christopher A. Moeller		Date of Receipt M / D / Y 03 / 06 / 2003
Mailing Address		Transaction ID: 8089174
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Diane Romayne Baker		Date of Receipt M / D / Y 03 / 06 / 2003
Mailing Address 1055 South West Englewood Drive		Transaction ID: 8089080
City Lake Oswego	State OR	Zip Code 97034-1109
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: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 54
(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

Full Name (Last, First, Middle Initial) A. Frederick S. Fish, III		Date of Receipt M / D / Y Y Y Y 03 / 06 / 2003
Mailing Address 540B Larada Lane		Transaction ID: 8089058
City Edina	State MN	Zip Code 55436-1025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. William T. Parsons		Date of Receipt M / D / Y Y Y Y 03 / 06 / 2003
Mailing Address		Transaction ID: 8089059
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Dermatology Associates of San Antonio	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Clay J. Cokerell		Date of Receipt M / D / Y Y Y Y 03 / 06 / 2003
Mailing Address 4312 Arcady Avenue		Transaction ID: 8089057
City Dallas	State TX	Zip Code 75205-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Jean L. Bologna		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 140 Patten Road		Transaction ID: 8088686
City North Haven	State CT	Zip Code 06473-2830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Yale University	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gary A. Dyer		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 802 North 25th Street		Transaction ID: 8088785
City St. Joseph	State MO	Zip Code 64506-2706
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert S. Barger		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 123 Wallace Manor Road		Transaction ID: 8088820
City Edgewater	State MD	Zip Code 21037-1205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Cindy Francyn Hoffman		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address B Amalfi Drive		Transaction ID: 8088944
City Cortlandt Manor	State NY	Zip Code 10567-7014
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Joel Schlessinger		Date of Receipt M / D / Y 03 / 17 / 2003
Mailing Address 832 North 159th Street		Transaction ID: 8088900
City Omaha	State NE	Zip Code 68118-2210
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Brian M. Davis		Date of Receipt M / D / Y 03 / 19 / 2003
Mailing Address 3530 Hunters Glade		Transaction ID: 8089311
City San Antonio	State TX	Zip Code 78230-2864
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: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Ronald Stephen Davis		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 700 Olympic Plaza Circle Suite 404		Transaction ID: 8089314
City Tyler	State TX	Zip Code 75701-1051
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Margaret E. Persons		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 2561 East Tiffany Lane		Transaction ID: 8089310
City Sacramento	State CA	Zip Code 95827-1403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael D. Zanell		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 513 Fairfax Avenue		Transaction ID: 8089315
City Nashville	State TN	Zip Code 37212-4010
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. David K. Murdock		Date of Receipt M / D / Y 03 / 10 / 2003
Mailing Address 2405 East Lakeshore		Transaction ID: 8089306
City Whitefish	State MT	Zip Code 59837-3336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -400.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) B. Zoe Diana Draelos		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 1817 Chestnut Drive		Transaction ID: 8233461
City High Point	State NC	Zip Code 27262-4517
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Daniel S. Rigel		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 300 East 85th Street Suite 1804		Transaction ID: 8233456
City New York	State NY	Zip Code 10028-4500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephen Boris Webster		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address N 2082 Wedgewood Drive East		Transaction ID: 8233458
City La Crosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Gundersen-Lutheran	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Raymond L. Cornelison, Jr.		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 1716 Elmhurst		Transaction ID: 8233451
City Oklahoma City	State OK	Zip Code 73120-1012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Fred F. Castrow, II		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address 13407 Havershire Lane		Transaction ID: 8233459
City Houston	State TX	Zip Code 77079-5403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Leonard Harry Goldberg		Date of Receipt M / D / Y 04 / 14 / 2003
Mailing Address		Transaction ID: 8233452
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Greg Thompson		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 14615 San Pedro Suite 200		Transaction ID: 8298534
City	State	Zip Code
San Antonio	TX	78232-4321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Henke		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 5125 Green Braes East Drive		Transaction ID: 8298547
City	State	Zip Code
Indianapolis	IN	46234-2515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. C. Ralph Daniel		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 2427 Culleywood Road		Transaction ID: 8298546
City	State	Zip Code
Jackson	MS	39211-4818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. T. Lynn Warthen		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 4730 Northeast Stallings Drive		Transaction ID: 8298545
City	State	Zip Code
Nacogdoches	TX	75865-1615
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Michael Pariser		Date of Receipt M / D / Y 05 / 06 / 2003
Mailing Address 933 Winthrop Drive		Transaction ID: 8298549
City	State	Zip Code
Virginia Beach	VA	23452-3538
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Pariser Dermatology	Occupation Physician	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 23 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Robert Alberg		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 198B Lago Vista Boulevard		Transaction ID: 8298551
City Palm Harbor	State FL	Zip Code 34685-3332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bruce A. Brod		Date of Receipt M / D / Y 05 / 08 / 2003
Mailing Address 831 Robert Dean Drive		Transaction ID: 8298552
City Downington	State PA	Zip Code 19335-4464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard K. Seher		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 25 Sutton Place South		Transaction ID: 8298880
City New York	State NY	Zip Code 10022-2441
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: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Sheila Gayle Widyalar		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 21 Montecito Drive		Transaction ID: 8299895
City Corona Del Mar	State CA	Zip Code 92625-1017
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Boris Webster		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address N 2062 Wedgewood Drive East		Transaction ID: 8299870
City La Crosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Gundersen-Lutheran	Occupation Physician	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Glenn A. Dobackl		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299903
City	State	Zip Code
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: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Judith Ann Mysliborski		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299883
City State Zip Code		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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Michael J. Huebner		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299884
City State Zip Code		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John J. Schmidt		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299884
City State Zip Code		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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Janet A. Moy		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299862
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Karen E. Edison		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 950D West Terrapin Ridge Road		Transaction ID: 8299868
City	State	Zip Code
Columbia	MO	65203-9661
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald L. Moy		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 11737 Gwynne Lane		Transaction ID: 8299878
City	State	Zip Code
Los Angeles	CA	90077-1324
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 54
(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

Full Name (Last, First, Middle Initial) A. Lewis D. Stursky		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 10200 Poplar Glen Drive		Transaction ID: 8299869
City Knoxville	State TN	Zip Code 37822-5686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Henry W. Lim		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 7 Elmsleigh Lane		Transaction ID: 8299863
City Grosse Pointe	State MI	Zip Code 48220-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Henry Ford Health System	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mitchell L. Bressack		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299868
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Jay G. Barnett		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address		Transaction ID: 8299875
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jerome R. Potuzkin		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 2502 Alamo Country Circle		Transaction ID: 8299854
City	State	Zip Code
Alamo	CA	94507-1495
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David N. Shivers		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 1045 Park Avenue		Transaction ID: 8299868
City	State	Zip Code
New York	NY	10028-1030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Columbus Univ	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 54
(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

Full Name (Last, First, Middle Initial) A. Henry G. Bryan		Date of Receipt M / D / Y 05 / 12 / 2003
Mailing Address 1800 Edison Shares Place		Transaction ID: 8299877
City Port Huron	State MI	Zip Code 48060-3376
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Faircloth Rodan		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 401 Nottingham Drive		Transaction ID: 8298613
City Charlotte	State NC	Zip Code 28211-4114
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rex A. Aronette		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 685 South Willett		Transaction ID: 8298559
City Memphis	State TN	Zip Code 38104-4532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Memphis Dermatology Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	5750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 54
(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

Full Name (Last, First, Middle Initial) A. Mark S. Nestor		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 3026 North Bay Road		Transaction ID: 8298583
City	State	Zip Code
Miami Beach	FL	33140-3813
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Terry P. Hedley		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 32 High Cargill Road		Transaction ID: 8298567
City	State	Zip Code
Concord	MA	01742-5605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jeffrey Phillip Ollen		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 5107 Long Knife Road		Transaction ID: 8298378
City	State	Zip Code
Louisville	KY	40207-1179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 54
(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

Full Name (Last, First, Middle Initial) A. Marc J. Sarkin		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 8633 South Prescott Way		Transaction ID: 8299383
City Littleton	State CO	Zip Code 80120-3048
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Timothy D. Mattison		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address		Transaction ID: 8298569
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Helga Weyer		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address		Transaction ID: 8298645
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Ted Brezel		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 81 Beacon Hill Road		Transaction ID: 8299386
City Port Washington	State NY	Zip Code 11052-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Todd Williams		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 104B Ann's Ct		Transaction ID: 8298679
City Asheboro	State NC	Zip Code 27205-7732
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Jay Roth		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 18 Foothill Place		Transaction ID: 8298574
City Pleasanton	State CA	Zip Code 94588-9778
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Eastbay Dermatology	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Debra L. Chernasky		Date of Receipt M / D / Y 05 / 14 / 2003
Mailing Address 4526 Braeburn		Transaction ID: 8299379
City Bellaire	State TX	Zip Code 77401-5512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Peter Donelan		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address		Transaction ID: 8308915
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Katherine Anne Wier		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 6250 N. Rockwell		Transaction ID: 8308921
City Chicago	State IL	Zip Code 60659-2724
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: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michel A. Snyder		Date of Receipt M / D / Y Y Y Y 05 / 23 / 2003
Mailing Address		Transaction ID: 8308914
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Janet G. Hickman		Date of Receipt M / D / Y Y Y Y 05 / 23 / 2003
Mailing Address 107 Lee Circle		Transaction ID: 8308918
City	State	Zip Code
Lynchburg	VA	24503-1336
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dermatology Consultants, Inc.	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John R. Luetzen		Date of Receipt M / D / Y Y Y Y 05 / 23 / 2003
Mailing Address		Transaction ID: 8308919
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven R. Feldman		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 807 Chester Road		Transaction ID: 8308913
City Winston-Salem	State NC	Zip Code 27104-1707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Wake Forest University	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James Stuart Miller, IV		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 700 Bay Cliffs Road		Transaction ID: 8308923
City Gulf Breeze	State FL	Zip Code 32561-4808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David D. Mackorsky		Date of Receipt M / D / Y 05 / 23 / 2003
Mailing Address 7123 Thrush View Lane Number 32		Transaction ID: 8308918
City San Antonio	State TX	Zip Code 78209-3583
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 36 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Stephen Edwin Rostan		Date of Receipt M / D / Y 05 / 23 / 2003	
Mailing Address		Transaction ID: 8308920	
City State Zip Code		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Mitchell Arthur Anolik		Date of Receipt M / D / Y 05 / 27 / 2003	
Mailing Address		Transaction ID: 8298389	
City State Zip Code		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Luelus P. Cook		Date of Receipt M / D / Y 05 / 27 / 2003	
Mailing Address		Transaction ID: 8298384	
City State Zip Code		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven Mark Burnett		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address		Transaction ID: 8401354
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence L. Anderson		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address 131B South Chilton		Transaction ID: 8401351
City	State	Zip Code
Tyler	TX	75701-2905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel M. Siegel		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address PO Box 511		Transaction ID: 8401353
City	State	Zip Code
St. James	NY	11780-0511
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: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 54
(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

Full Name (Last, First, Middle Initial) A. Michael W. Bell		Date of Receipt M / D / Y Y Y Y 06 / 09 / 2003
Mailing Address 1100 Park Ridge Drive		Transaction ID: 8401431
City Nashville	State TN	Zip Code 37215-4516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrew P. Lazar		Date of Receipt M / D / Y Y Y Y 06 / 09 / 2003
Mailing Address 1980 Emerald Woods Lane		Transaction ID: 8401563
City Highland Park	State IL	Zip Code 60035-2116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Roger I. Celley		Date of Receipt M / D / Y Y Y Y 06 / 09 / 2003
Mailing Address 8000 University Avenue Suite 450		Transaction ID: 8401580
City West Des Moines	State IA	Zip Code 50266-6208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Benjamin D. Bernstein		Date of Receipt M / D / Y Y Y Y 06 / 09 / 2003
Mailing Address		Transaction ID: 8401528
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Judith M. Szulecki		Date of Receipt M / D / Y Y Y Y 06 / 09 / 2003
Mailing Address		Transaction ID: 8401484
City	State	Zip Code
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jonathan S. Weiss		Date of Receipt M / D / Y Y Y Y 06 / 10 / 2003
Mailing Address 284B Rangenwood Ter NE		Transaction ID: 8401357
City	State	Zip Code
Atlanta	GA	30345-1581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gwinnett Dermatology PC	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Charles Margulies		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address		Transaction ID: 8401356
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. W. Christopher Duncanson		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address PO Box 849		Transaction ID: 8401355
City	State	Zip Code
Lakeland	FL	33802-0849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vincent Anthony DeLeo		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address		Transaction ID: 8401348
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 41 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Steven P. Rosenberg		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address		Transaction ID: 8401345
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Palm Beach Dermatology	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Clay J. Cockrell		Date of Receipt M / D / Y 06 / 24 / 2003
Mailing Address 4312 Arcady Avenue		Transaction ID: 8401343
City	State	Zip Code
Dallas	TX	75205-3704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Robert V. Kolbasz		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 1 Robin Hood Ranch		Transaction ID: 8401348
City	State	Zip Code
Oak Brook	IL	60523-2750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Craig F. Teller		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 4818 Bellview		Transaction ID: 8401350
City	State	Zip Code
Bellaire	TX	77401-5306
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dale R. Pokorney		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 830 Forest Lane		Transaction ID: 8401347
City	State	Zip Code
Sharpsville	PA	16150-1725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Virginia Rutledge Fomey		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 59 East Park Lane NE		Transaction ID: 8401639
City	State	Zip Code
Atlanta	GA	30309-2725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 54

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Gerald G. Kueger		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address Division of Dermatology 30 N 1800 East		Transaction ID: 8401608
City Salt Lake City	State UT	Zip Code 84132-0001
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Howard Mandy		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 725 West Meadows Road		Transaction ID: 8401635
City Aspen	State CO	Zip Code 81611-1147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Thomas George Olsen		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 524 Walnut Springs Drive		Transaction ID: 8401605
City Dayton	State OH	Zip Code 45419-2534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Dermatologists of South West OH, Inc.	Occupation Physician	Aggregate Year-to-Date ▼ 1400.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Manuel H. Hernandez		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address PD Box 510085		Transaction ID: 8401600
City Punta Gorda	State FL	Zip Code 33851-0065
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rodney S.W. Basler		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 2700 Eastgate		Transaction ID: 8401598
City Lincoln	State NE	Zip Code 68502-5024
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: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Francis W. Jacobellis		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 62 Palisade Road		Transaction ID: 8401636
City Rye	State NY	Zip Code 10580-5827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Henry W. Lim		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 7 Elmsleigh Lane		Transaction ID: 8401607
City Grosse Pointe	State MI	Zip Code 48230-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Henry Ford Health System	Occupation Physician	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hobart K. Richey		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 443 Anchorage Drive		Transaction ID: 8401606
City Nokomis	State FL	Zip Code 34275-3102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Justin T. Roscoe		Date of Receipt M / D / Y 06 / 30 / 2003
Mailing Address 838B Piping Rock Court		Transaction ID: 8401637
City Millersville	State MD	Zip Code 21108-1448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	58850.00

**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)

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

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

Full Name (Last, First, Middle Initial)
A. Michael Burgess For Congress

Mailing Address 106 Highland Lake Dr

City Highland Village State TX Zip Code 75077

Purpose of Disbursement

Candidate Name
Mr. Michael Burgess

Office Sought: House
 Senate
 President
State: TX District: 28

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 7761115
Date of Disbursement

01 / 28 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
B. Citizens For Arlen Specter

Mailing Address 734 7th Street, Se, 2nd Floor
111 South 15th Street

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Sen. Arlen Specter

Office Sought: House
 Senate
 President
State: PA District: 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 7761097
Date of Disbursement

01 / 28 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Senator Nickles

Mailing Address P O Box 1549

City Ponca City State OK Zip Code 74602

Purpose of Disbursement

Candidate Name
Sen. Don Nickles

Office Sought: House
 Senate
 President
State: OK District: 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 7761108
Date of Disbursement

01 / 28 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Judd Gregg Committee

Mailing Address PO Box 1812

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name
Sen. Judd Gregg

Office Sought: House
 Senate
President
State: NH District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 7781114
Date of Disbursement

01 / 28 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. GINGREY FOR CONGRESS

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

Candidate Name
Mr. Phillip J. Gingrey, MD

Office Sought: House
Senate
President
State: GA District D

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 7781141
Date of Disbursement

01 / 28 / 2003

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street Suite 810

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

Candidate Name
Rep. Nancy Pelosi

Office Sought: House
Senate
President
State: CA District 8

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 8181460
Date of Disbursement

04 / 30 / 2003

Amount of Each Disbursement this Period

2000.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. John Shadegg For Congress

Mailing Address P O Box 45444

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement

Candidate Name
Congressman John Shadegg

Office Sought: House
Senate
President

State: AZ District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350562
Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Billy Tauzin Congressional Com

Mailing Address 412 South Van

City Houma State LA Zip Code 70360

Purpose of Disbursement

Candidate Name
Congressman W.J. Tauzin

Office Sought: House
Senate
President

State: LA District 3

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350551
Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. McCrery For Congress

Mailing Address 1900 Deposit Guaranty Tower
333 Texas Street

City Shreveport State LA Zip Code 71101

Purpose of Disbursement

Candidate Name
Congressman Jim McCrery

Office Sought: House
Senate
President

State: LA District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350559
Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name
Congresswoman Anna Eshoo

Office Sought: House Senate President
State: CA District: 14
Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350565
Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. John D Dingell For Congress Committee

Mailing Address 607 Fourteenth Street Nw

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Congressman John Dingell

Office Sought: House Senate President
State: MI District: 16
Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350556
Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Re-Elect Nancy Johnson To Congress Committee

Mailing Address PO Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Congresswoman Nancy Johnson

Office Sought: House Senate President
State: CT District: 6
Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 8350558
Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)					PAGE 50 / 54
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. Norwood For Congress				Transaction ID: B350560 Date of Disbursement 06 / 19 / 2003
Mailing Address	Claussen Road PO Box 499	State	Zip Code	Amount of Each Disbursement this Period 2000.00
City	Augusta	GA	30907	
Purpose of Disbursement	Candidate Name Congressman Charlie Norwood		011 Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State:	GA	District:	10	

Full Name (Last, First, Middle Initial) B. Burr For Congress Committee				Transaction ID: B350555 Date of Disbursement 06 / 19 / 2003
Mailing Address	PO Box 5928	State	Zip Code	Amount of Each Disbursement this Period 2000.00
City	Winston-Salem	NC	27113	
Purpose of Disbursement	Candidate Name Congressman Richard Burr		011 Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State:	NC	District:	5	

Full Name (Last, First, Middle Initial) C. Congressman Bill Young Campaign Committee				Transaction ID: 8350564 Date of Disbursement 06 / 19 / 2003
Mailing Address	PO Box 47025	State	Zip Code	Amount of Each Disbursement this Period 2000.00
City	St Petersburg	FL	33743	
Purpose of Disbursement	Candidate Name Congressman C.W. Young		011 Category/ Type	
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State:	FL	District:	10	

SUBTOTAL of Disbursements This Page (optional) ► **6000.00**

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Bill Thomas Campaign Committee

Mailing Address PO Box 395

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement

Candidate Name
Congressman William Thomas

Office Sought: House
Senate
President

State: CA District: 21

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350552

Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. Mike Bilirakis For Congress

Mailing Address P O Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
Congressman Michael Bilirakis

Office Sought: House
Senate
President

State: FL District: 9

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350553

Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Hastert For Congress Committee

Mailing Address PO Box 625
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement

Candidate Name
Congressman J. Dennis Hastert

Office Sought: House
Senate
President

State: IL District: 14

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350550

Date of Disbursement

06 / 19 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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)

PAGE 52 / 54

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial)
A. Friends Of Roy Blunt

Mailing Address PO Box 278

City Stafford State MO Zip Code 65757

Purpose of Disbursement

Candidate Name
Rep. Roy Blunt

Office Sought: House Senate President
State: MO District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: B350554
Date of Disbursement
06 / 19 / 2003

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Tom Delay Congressional Committee

Mailing Address 10707 Corporate Dr. Suite 130

City Stafford State TX Zip Code 77477

Purpose of Disbursement

Candidate Name
Rep. Tom DeLay

Office Sought: House Senate President
State: TX District 22

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: B350549
Date of Disbursement
06 / 19 / 2003

Amount of Each Disbursement this Period
5000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny Hoyer

Office Sought: House Senate President
State: MD District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 8350557
Date of Disbursement
06 / 19 / 2003

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **9000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 54

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lot Of People For Dave Obey

Mailing Address PO Box 1322

City Wausau State WI Zip Code 54402

Purpose of Disbursement

Candidate Name
Rep. David Obey

Office Sought: House Senate President
State: WI District 7

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350561
Date of Disbursement
06 / 19 / 2003

Amount of Each Disbursement this Period
2000.00

B. Full Name (Last, First, Middle Initial)
VOLPAC

Mailing Address P.O. Box 158552

City Nashville State TN Zip Code 37215

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District D

Disbursement For:
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350547
Date of Disbursement
06 / 19 / 2003

Amount of Each Disbursement this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name
Sen. Charles Grassley

Office Sought: House Senate President
State: IA District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: B350548
Date of Disbursement
06 / 19 / 2003

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **12000.00**

TOTAL This Period (last page this line number only) ▶ **72000.00**

