

**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) **Check if different than previously reported. (ACC)**
 1350 I Street NW
 Suite 880
 Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00359539 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	X Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 09 01 2002 through 09 30 2002

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 10 07 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: ^h09 ^D01 ^v2002 To: ^h09 ^D30 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		75062.86
(b) Cash on Hand at Beginning of Reporting Period	136361.10	
(c) Total Receipts (from Line 19)	5375.00	92504.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	141736.10	167566.86
7. Total Disbursements (from Line 30)	21500.00	47330.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	120236.10	120236.10
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period: From: ^{MM}09 ^{DD}01 ^{YYYY}2002 To: ^{MM}09 ^{DD}30 ^{YYYY}2002

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)	4800.00	
(ii) Unitemized	575.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5375.00	92504.00
(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 32, page 4)	5375.00	92504.00
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	5375.00	92504.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	5375.00	92504.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	21500.00	47330.76
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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	21500.00	47330.76
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	21500.00	47330.76
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	5375.00	92504.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	5375.00	92504.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	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:
(check only one)

PAGE 5 / 14

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 D. Zanoli

Mailing Address

513 Fairfax Avenue

City

Nashville

State

TN

Zip Code

37212-4010

Date of Receipt

M M / D D / Y Y Y Y
09 / 06 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7050241

Full Name (Last, First, Middle Initial)

B. Robert Jay Roth

Mailing Address

18 Foothill Place

City

Pleasanton

State

CA

Zip Code

94588-9778

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Eastbay Dermatology

Occupation

Physician

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7050243

Full Name (Last, First, Middle Initial)

C. David Michael Pariser

Mailing Address

933 Winthrop Drive

City

Virginia Beach

State

VA

Zip Code

23452-3938

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pariser Dermatology

Occupation

Dermatologist

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 7050244

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 6 / 14

(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

Mailing Address

2427 Culleywood Road

City

Jackson

State

MS

Zip Code

39211

Date of Receipt

N M / D E / Y Y Y Y
09 / 17 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 7050247

Full Name (Last, First, Middle Initial)

B. Robert Jay Roth

Mailing Address

18 Foothill Place

City

Pleasanton

State

CA

Zip Code

94588-9778

Date of Receipt

N M / D E / Y Y Y Y
09 / 17 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Eastbay Dermatology

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 7050273

Full Name (Last, First, Middle Initial)

C. Bruce A. Brodt

Mailing Address

831 Robert Dean Drive

City

Downingtown

State

PA

Zip Code

19335-4464

Date of Receipt

N M / D E / Y Y Y Y
09 / 20 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer
Self-Employed

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 7050275

SUBTOTAL of Receipts This 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: (check only one)		PAGE 7 / 14	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Jim C. Chow

Mailing Address
Three Richard Medical Park Drive Suite 500
City State Zip Code
Columbia SC 29203-6854

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physician

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

Transaction ID: 7050317

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

Mailing Address
2021 K Street Number 508
City State Zip Code
Washington DC 20006-1003

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physician

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

Transaction ID: 7092495

Full Name (Last, First, Middle Initial)
C. James Owen Ellis

Mailing Address
431 North Adams
City State Zip Code
Hinsdale IL 60521

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation
Physician

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

Transaction ID: 7092494

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: (check only one)		PAGE 8 / 14	
	<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. Jerome R. Potasnik

Mailing Address
2502 Alamo Country Circle

City State Zip Code
Alamo CA 94507

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Self Employed Occupation
Dermatologist

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

Transaction ID: 7050962

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	4800.00

**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

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

Full Name (Last, First, Middle Initial) A. Fletcher For Congress		Date of Disbursement 09 / 11 / 2002
Mailing Address PO Box 4703 City Lexington State KY Zip Code 40544		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Rep. Ernie Fletcher	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 6977422
State: KY District: 8		

Full Name (Last, First, Middle Initial) B. Gephardt In Congress Committee		Date of Disbursement 09 / 29 / 2002
Mailing Address 7435 Watson Road Suite 107 City St Louis State MO Zip Code 63119		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Congressman Richard Gephardt	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7024434
State: MO District: 3		

Full Name (Last, First, Middle Initial) C. Lee Terry For Congress		Date of Disbursement 09 / 23 / 2002
Mailing Address PO Box 540098 City Omaha State NE Zip Code 68154		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Congressman Lee Terry	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 7025488
State: NE District: 2		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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				

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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		Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 395 City: Bakersfield State: CA Zip Code: 93302		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Congressman William Thomas		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 21	Transaction ID: 7024433	

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Date of Disbursement 09 / 23 / 2002	
Mailing Address 7805 Malcolm Road Suite 102 City: Clinton State: MD Zip Code: 20735		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Steny Hoyer		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MD District: 5	Transaction ID: 7025498	

Full Name (Last, First, Middle Initial) C. Anna Eshoo For Congress		Date of Disbursement 09 / 27 / 2002	
Mailing Address 555 Capitol Mall Suite 1425 City: Sacramento State: CA Zip Code: 95814		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Congresswoman Anna Eshoo		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 14	Transaction ID: 7081983	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

<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				

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

Full Name (Last, First, Middle Initial) A. Snyder For Congress Campaign Committee		Date of Disbursement 09 / 27 / 2002
Mailing Address PO Box 250698 City Little Rock State AR Zip Code 72225		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Congressman Vic Snyder	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: AR District: 2	Transaction ID: 7081818	

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Date of Disbursement 09 / 27 / 2002
Mailing Address PO Box 8331 City Fremont State CA Zip Code 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Congressman Fortney Stark	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: CA District: 13	Transaction ID: 7081861	

Full Name (Last, First, Middle Initial) C. Nancy Pelosi For Congress		Date of Disbursement 09 / 27 / 2002
Mailing Address 235 Montgomery Street Suite 610 City San Francisco State CA Zip Code 94104		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name Rep. Nancy Pelosi	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: CA District: 8	Transaction ID: 7081817	

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

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

Use separate schedule(s)
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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

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

Full Name (Last, First, Middle Initial) A. Friends Of Farr		Date of Disbursement 09 / 27 / 2002
Mailing Address 555 Capitol Mall Suite 1425 City Sacramento State CA Zip Code 95814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Rep. Sam Farr	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: CA District: 17	Transaction ID: 7081864	

Full Name (Last, First, Middle Initial) B. Christopher Cox Congressional Committee		Date of Disbursement 09 / 30 / 2002
Mailing Address PO Box 8088-C City Newport Beach State CA Zip Code 92658		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Congressman Christopher Cox	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: CA District: 47	Transaction ID: 7094119	

Full Name (Last, First, Middle Initial) C. The Marty Meehan For Congress Committee		Date of Disbursement 09 / 30 / 2002
Mailing Address 75 Princeton Street City No. Chelmsford State MA Zip Code 01863		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name Rep. Martin Meehan	011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	
State: MA District: 6	Transaction ID: 7094021	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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				

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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		Date of Disbursement 09 / 30 / 2002	
Mailing Address 106 Highland Lake Dr City: Highland Village State: TX Zip Code: 75077		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mr. Michael Burgess			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7094022	
State: TX District: 26			

Full Name (Last, First, Middle Initial) B. Anne Summers For Congress		Date of Disbursement 09 / 30 / 2002	
Mailing Address P.O. Box 642 City: Paramus State: NJ Zip Code: 07653		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Anne Summers			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7094024	
State: NJ District: 5			

Full Name (Last, First, Middle Initial) C. Dreier For Congress Committee		Date of Disbursement 09 / 30 / 2002	
Mailing Address PO Box 111D City: Covina State: CA Zip Code: 91722		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. David Dreier			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 7094028	
State: CA District: 28			

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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	<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

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends Of Duke Cunningham		Date of Disbursement 09 / 30 / 2002	
Mailing Address 4710 Fourth St #100 City La Mesa State CA Zip Code 91941		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		011 Category/Type	
Candidate Name Rep. Randy Cunningham		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 51	Transaction ID: 7094128	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	21500.00