

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 Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) 1640 Wisconsin Ave NW Washington DC 20007 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00249342 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of 0

5. Covering Period 10 01 2008 through 11 24 2008

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. William Seward

Signature of Treasurer Electronically Filed by Mr. William Seward Date 11 05 2009

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty boxes. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		91687.86
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	27850.89									
(c) Total Receipts (from Line 19) .....	46391.00	176601.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	74241.89	268289.19								
7. Total Disbursements (from Line 31) .....	40902.42	234949.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	33339.47	33339.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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) .....	33291.00	136884.00
(ii) Unitemized .....	8100.00	31950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	41391.00	168834.00
(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) .....	41391.00	168834.00
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 .....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	2767.33
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)) .....	46391.00	176601.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	46391.00	176601.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	902.42	2949.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	902.42	2949.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	226500.00
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.....	5000.00	5500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40902.42	234949.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40902.42	234949.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	41391.00	168834.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	41391.00	168834.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	902.42	2949.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	902.42	2949.72

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 37  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial) Gregg Anigian, MD		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 8220 Walnut Hill Lane Building 2		<b>Transaction ID:</b> 20081202174540-34
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Michael S. Birndorf, MD		Date of Receipt MM / DD / YYYY 11 / 11 / 2008
Mailing Address 6308 8th Ave. Suite 104		<b>Transaction ID:</b> 20081202174540-129
City Kenosha	State WI	Zip Code 53143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Darryl J. Blinski, MD		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 6705 SW 57th Ave. Ste 412		<b>Transaction ID:</b> 20081202174540-39
City Miami	State FL	Zip Code 33143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Steven P. Bloch, MD

Mailing Address 2725 Bentley

City Highland Park State IL Zip Code 60035

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 19 / 2008  
**Transaction ID:** 71087C08-8EF3-44D6-  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Steven C. Bonawitz, MD

Mailing Address 17 Manning Ave.

City Lewiston State ME Zip Code 4240

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2008  
**Transaction ID:** 20081202174540-108  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Keith E. Brandt, MD

Mailing Address 660 S. Euclid Ave.

City Saint Louis State MO Zip Code 63110

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

Name of Employer Div. of Plastic & Reconstructi Surgery Occupation William G. Hamm Prof

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.00

Date of Receipt 10 / 07 / 2008  
**Transaction ID:** 20081202174540-31  
Amount of Each Receipt this Period 333.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 948.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 37
	<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 Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Herbert Bunchman, MD	Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 1520 S. Dobson Rd. Ste 314	<b>Transaction ID:</b> 20081202174540-19
	City State Zip Code Mesa AZ 85202	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) John W. Canady, MD	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 200 Hawkins Drive 200 Hawkins Drive	<b>Transaction ID:</b> 20081202174540-44
	City State Zip Code Iowa City IA 52242	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Univ. IA Hosp. Plastic Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul S. Cederna, MD	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 1860 Samer Road 2130 Taubman Center, SPC 5340	<b>Transaction ID:</b> 20081202174540-85
	City State Zip Code Milan MI 48160	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Associate Professor, Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
June S. Chen, MD

Mailing Address 7240 Highland Dr.  
Ste 175

City State Zip Code  
Salt Lake City UT 84121

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

**Transaction ID:** 20081202174540-21

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Francisco G. Colon, MD

Mailing Address 124 Columbia Tpke

City State Zip Code  
Florham Park NJ 7932

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

Name of Employer The Peer Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 20081202174540-57

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
John J. Corey, MD

Mailing Address 10210 N. 92nd St.

City State Zip Code  
Scottsdale AZ 85258

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 20081202174540-64

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
David Csikai, MD

Mailing Address 8823 San Jose Blvd.  
Ste 301

City Jacksonville State FL Zip Code 32217

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 03 / 2008

**Transaction ID:** 20081202174540-10

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael A. Epstein, MD

Mailing Address 1535 Lake Cook Road

City Northbrook State IL Zip Code 60062

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 24 / 2008

**Transaction ID:** 20081202174540-136

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory R.D. Evans, MD

Mailing Address 200 S. Manchester Ave.  
Ste 650

City Orange State CA Zip Code 92868

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

Name of Employer Aesthetic & Plastic Surgery Institute Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2008

**Transaction ID:** 20081202174540-55

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial) Daniel Garritano, MD		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
Mailing Address 4139 Boardman Canfield Rd. Ste 2		<b>Transaction ID:</b> 20081202174540-46
City Canfield	State OH	Zip Code 44406
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Peter Giesswein, MD		Date of Receipt MM / DD / YYYY 11 / 06 / 2008
Mailing Address 5 Brookwood Avenue Suite 1		<b>Transaction ID:</b> 20081202174540-109
City Carlisle	State PA	Zip Code 17015
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Giesswein Plastic Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Scot Bradley Glasberg, MD		Date of Receipt MM / DD / YYYY 11 / 06 / 2008
Mailing Address 900 Park Ave. Apartment 19AB		<b>Transaction ID:</b> 20081202174540-128
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 18.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2034.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>518.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Mark S. Granick, MD

Mailing Address 140 Bergen Street  
E1620

City Newark State NJ Zip Code 7103

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

Name of Employer: NJ Med Schl, Div / Plastic Surgery  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 10 / 09 / 2008  
**Transaction ID:** 20081202174540-38  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Laura A. Gunn, MD

Mailing Address 300 Crutchfield Street

City Durham State NC Zip Code 27704

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

Name of Employer: Self  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 11 / 06 / 2008  
**Transaction ID:** 20081202174540-119  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Roxanne J. Guy, MD

Mailing Address 111 E. Hibiscus Blvd.

City Melbourne State FL Zip Code 32901

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

Name of Employer: Self  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 10 / 21 / 2008  
**Transaction ID:** 20081202174540-72  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 37
	<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 Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Elizabeth S. Harris, MD		Date of Receipt MM / DD / YYYY 10 / 07 / 2008		
	Mailing Address 540 Madison Oak Dr. Ste 400		<b>Transaction ID:</b> 20081202174540-25		
	City San Antonio	State TX	Zip Code 78258	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert J. Havlik, MD		Date of Receipt MM / DD / YYYY 10 / 20 / 2008		
	Mailing Address 7043 Fox Hollow Ridge 702 Barnhill Drive		<b>Transaction ID:</b> 20081202174540-66		
	City Zionsville	State IN	Zip Code 46077	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IN Univ Plas Surg Riley Hosp		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Karl B. Hiatt, MD		Date of Receipt MM / DD / YYYY 10 / 22 / 2008		
	Mailing Address 4540 E. Baseline Rd. Ste 117		<b>Transaction ID:</b> 20081202174540-79		
	City Mesa	State AZ	Zip Code 85206	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 37

(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Paul H. Izenberg, MD

Mailing Address 312 Juniper Lane

City State Zip Code  
Ann Arbor MI 48105

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

Name of Employer Self Occupation  
Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 6 / 2 0 0 8

Transaction ID: 20081202174540-97

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
R. Kambhampati, MD

Mailing Address 2820 Crooks Road

City State Zip Code  
Rochester Hills MI 48309

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

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: 20081202174540-89

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael G. Kanosky, MD

Mailing Address 2121 Eastover Drive

City State Zip Code  
Jackson MS 39211

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

Name of Employer Self Occupation  
Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 0 8

Transaction ID: 2842501B-8235-4249-

Amount of Each Receipt this Period  
500.00

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

1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial) Susan Kaweski, MD		Date of Receipt MM / DD / YYYY 11 / 06 / 2008
Mailing Address 3444 Kearny Villa Road Suite 401		<b>Transaction ID:</b> 20081202174540-105
City San Diego	State CA Zip Code 92123	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer Aesthetic Art Institute of Plastic Sur	Occupation Physician	Aggregate Year-to-Date ▼ 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Carolyn L. Kerrigan, MD		Date of Receipt MM / DD / YYYY 10 / 14 / 2008
Mailing Address 4 Patridge Rd.		<b>Transaction ID:</b> 20081202174540-51
City Etna	State NH Zip Code 3750	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Dartmouth Hitchcock Medic- al Center	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Philip C. Kierney, MD		Date of Receipt MM / DD / YYYY 10 / 09 / 2008
Mailing Address 105 27th Ave. SE		<b>Transaction ID:</b> 20081202174540-36
City Puyallup	State WA Zip Code 98374	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Brian M. Kinney, MD

Mailing Address 1857 Benedict Canyon Drive

City State Zip Code  
Beverly Hills CA

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2025.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2008

**Transaction ID:** 81645D733895411EF2B

Amount of Each Receipt this Period  
2025.00

**B.**

Full Name (Last, First, Middle Initial)  
W. John Kitzmiller, MD

Mailing Address 231 Albertson Sabin Way

City State Zip Code  
Cincinnati OH 45267

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

Name of Employer Univ/Cincinnati Plas Recon & Hand Surg Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2008

**Transaction ID:** 20081202174540-134

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew N. Kornstein, MD

Mailing Address 1050 5th Ave.

City State Zip Code  
New York NY 10028

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2008

**Transaction ID:** 20081202174540-68

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2775.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
John W. Lang, MD

Mailing Address 2020 21st St.

City Bakersfield State CA Zip Code 93301

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 14 / 2008  
**Transaction ID:** 20081202174540-45  
 Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Carl W. Lentz, MD

Mailing Address 1040 W. International Speedway Blv

City Daytona Beach State FL Zip Code 32114

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 06 / 2008  
**Transaction ID:** 20081202174540-121  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
James T. Lin, MD

Mailing Address 8021 Laguna Blvd

City Elk Grove State CA Zip Code 95758

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 18 / 2008  
**Transaction ID:** AD1547BB-8F1E-45CB-  
 Amount of Each Receipt this Period: 500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul W. Loewenstein, MD		Date of Receipt
	Mailing Address 13800 W. North Ave. Ste 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 4 / 2 0 0 8
	City	State	Zip Code
	Brookfield	WI	53005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20081202174540-47
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David W. Low, MD		Date of Receipt
	Mailing Address 228 W. Washington Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Philadelphia	PA	19144
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 5E714E57-D10B-496C-
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Herluf G. Lund, MD		Date of Receipt
	Mailing Address 17300 N. Outer 40 Ste 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Chesterfield	MO	63005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 20081202174540-9
Name of Employer St. Louis Cosmetic Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dev A. Manisundaram, MD

Mailing Address 2550 Flowood Drive

City Flowood State MS Zip Code 39232

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 20 / 2008

**Transaction ID:** 20081202174540-135

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael F. McGuire, MD

Mailing Address 1301 20th St.  
St. 460

City Santa Monica State CA Zip Code 90404

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2008

**Transaction ID:** 20081202174540-77

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
William D. Merkel, MD

Mailing Address 2525 N. 8th St.  
Suite 203

City Grand Junction State CO Zip Code 81501

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 13 / 2008

**Transaction ID:** 20081202174540-131

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 37

(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert X. Murphy, MD

Mailing Address 110 Windermere Drive

City State Zip Code  
Blue Bell PA 19422

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

Name of Employer Self Occupation  
Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: 20081202174540-1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael W. Neumeister, MD

Mailing Address 1049 Williams Blvd.

City State Zip Code  
Springfield IL 62704

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

Name of Employer S.I.U. - Plastic Surgery Occupation  
Professor & Chairman

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

Transaction ID: 20081202174540-48

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Morgan E. Norris, MD

Mailing Address 6400 Fannin St.  
Ste 2130

City State Zip Code  
Houston TX 77030

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

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 20081202174540-13

Amount of Each Receipt this Period

300.00

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

1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 37
	<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 Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) John A. Persing, MD	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 330 Cedar St. 330 Cedar Street BB330N	<b>Transaction ID:</b> 20081202174540-52
	City State Zip Code New Haven CT 6520	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) James L. Pertsch, MD	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 212 N. San Mateo Dr	<b>Transaction ID:</b> 20081202174540-83
	City State Zip Code San Mateo CA 94401	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda G. Phillips, MD	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 15823 Sylvan Lake Drive	<b>Transaction ID:</b> 20081202174540-50
	City State Zip Code Houston TX 77062	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 23 / 37  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Gary J. Price, MD

Mailing Address 39 Middle Beach Road

City Madison State CT Zip Code 6443

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2008  
Transaction ID: 20081202174540-117  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
William C. Rigano, MD

Mailing Address 500 Lincoln Park Blvd.  
Ste 203

City Dayton State OH Zip Code 45429

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2008  
Transaction ID: 20081202174540-7  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas L. Roberts, MD

Mailing Address 100 E. Wood St.

City Spartanburg State SC Zip Code 29303

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: 20081202174540-59  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 37
	<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 Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mauro C. Romita, MD		Date of Receipt MM / DD / YYYY 10 / 29 / 2008		
	Mailing Address 853 5th Ave.		<b>Transaction ID:</b> 20081202174540-90		
	City New York	State NY	Zip Code 10065	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul H. Rosenberg, MD		Date of Receipt MM / DD / YYYY 10 / 20 / 2008		
	Mailing Address 1567 Palisade Avenue Third Floor		<b>Transaction ID:</b> 20081202174540-69		
	City Fort Lee	State NJ	Zip Code 7024	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Ross Rudolph, MD		Date of Receipt MM / DD / YYYY 10 / 03 / 2008		
	Mailing Address 10666 N. Torrey Pines Rd.		<b>Transaction ID:</b> 20081202174540-6		
	City La Jolla	State CA	Zip Code 92037	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Scripps Clinic MS115	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
A. Michael Sadove, MD

Mailing Address 10632 Winterwood

City State Zip Code  
Carmel IN 46032

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

Name of Employer Meridian Plastic Surgery Center  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2008

**Transaction ID:** 20081202174540-49

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gerald L. Schneider, MD

Mailing Address 10666 N. Torrey Pines Rd.

City State Zip Code  
La Jolla CA 92037

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

Name of Employer Scripps Clinic  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2008

**Transaction ID:** 20081202174540-127

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Michele A. Shermak, MD

Mailing Address 4940 Eastern Ave.  
A518

City State Zip Code  
Baltimore MD 21224

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

Name of Employer JHBMC Division of Plastic Surgery  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2008

**Transaction ID:** 20081202174540-81

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Dell P. Smith, MD

Mailing Address 1880 Fillmore Ave. N.

City State Zip Code  
Twin Falls ID 83301

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 20081202174540-75

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Rick J. Smith, MD

Mailing Address 2900 Hannah Blvd.  
Ste 102

City State Zip Code  
East Lansing MI 48823

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 8

**Transaction ID:** 20081202174540-20

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
David H. Song, MD

Mailing Address 1654 S. Indiana Ave.

City State Zip Code  
Chicago IL 60616

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

Name of Employer University of Chicago Medical Center Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 4 / 2 0 0 8

**Transaction ID:** 20081202174540-54

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial) Somprasong Songcharoen, MD		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
Mailing Address 971 Lakeland Drive Suite 315		<b>Transaction ID:</b> 20081202174540-86
City Jackson	State MS	Zip Code 39216
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) David A. Staffenberg, MD		Date of Receipt MM / DD / YYYY 11 / 06 / 2008
Mailing Address 1625 Poplar St. Suite 200		<b>Transaction ID:</b> 20081202174540-115
City Bronx	State NY	Zip Code 10461
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Montefiore Medical Center	Occupation Chairman, Dept of PI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Steven G. Wallach, MD		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 391 Heathcote Road Usa		<b>Transaction ID:</b> F7F5CDA7875BFF124F7
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Amy G. Wandel, MD

Mailing Address 6555 Coyle Ave.  
Suite 210

City Carmichael State CA Zip Code 95608

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

Name of Employer Mercy Medical Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 06 / 2008  
**Transaction ID:** 20081202174540-112  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Paul R. Weiss, MD

Mailing Address 11 Ross Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2008  
**Transaction ID:** 20081202174540-124  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew M. Wexler, MD

Mailing Address 17760 Camino de Yatasto

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 06 / 2008  
**Transaction ID:** 20081202174540-116  
Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 37  
(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 Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Denis J. Winder, MD

Mailing Address 316 Sawyer Drive

City Durango State CO Zip Code 81303

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 06 / 2008  
**Transaction ID:** 20081202174540-118  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael S. Wong, MD

Mailing Address 7608 Marina Cove Drive

City Sacramento State CA Zip Code 95831

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

Name of Employer Univ. of California, Davis Med. Cntr. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 01 / 2008  
**Transaction ID:** 20081202174540-2  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
June Wu, MD

Mailing Address 161 Fort Washington Ave. Suite 601

City New York State NY Zip Code 10032

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

Name of Employer Columbia University Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 09 / 2008  
**Transaction ID:** 20081202174540-37  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 37

(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 Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Soheil Sean Younai, MD

Mailing Address 16055 Ventura Blvd.  
Ste 100

City State Zip Code  
Encino CA 91436

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

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	8

Transaction ID: 20081202174540-78

Amount of Each Receipt this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)  
Scott J. Zevon, MD

Mailing Address 75 Central Park W

City State Zip Code  
New York NY 10023

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

Name of Employer Self Occupation  
Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Transaction ID: 20081202174540-14

Amount of Each Receipt this Period

250.00
--------

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

1250.00
---------

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

33291.00
----------

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

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

FOR LINE NUMBER: PAGE 31 / 37  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
Rangel Victory Fund

Mailing Address 818 Connecticut Avenue NW Ste 1100

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00452045

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 33516-67452639341355

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5000.00

**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)

PAGE 32 / 37

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

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) JP Morgan Chase <hr/> Mailing Address 1201 South Milwaukee Ave <hr/> City Libertyville State IL Zip Code 60048 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 1BEA7D9B906D45417C3 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 298.19
<b>B.</b> Full Name (Last, First, Middle Initial) JP Morgan Chase <hr/> Mailing Address 1201 South Milwaukee Ave <hr/> City Libertyville State IL Zip Code 60048 <hr/> Purpose of Disbursement Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 21237BFE49BAE678B10 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 604.23

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

902.42

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

902.42

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Alexander for Senate 2014 Inc <hr/> Mailing Address 228 S Washington Street Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name Lamar Alexander <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33134-4845086932182 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Runoff
<b>B.</b> Full Name (Last, First, Middle Initial) Chambliss for Senate <hr/> Mailing Address Post Office Box 12469 <hr/> City Atlanta State GA Zip Code 30355 <hr/> Purpose of Disbursement Contribution Candidate Name C. Saxby Chambliss <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33134-2911645770072 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Runoff
<b>C.</b> Full Name (Last, First, Middle Initial) Chambliss for Senate <hr/> Mailing Address Post Office Box 12469 <hr/> City Atlanta State GA Zip Code 30355 <hr/> Purpose of Disbursement Contribution Candidate Name C. Saxby Chambliss <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 33516-0362359881401 Date of Disbursement 11 / 12 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Runoff

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller <hr/> Mailing Address PO Box 1909 <hr/> City Charleston State WV Zip Code 25327 <hr/> Purpose of Disbursement Contribution Candidate Name John D. Rockefeller, IV Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33516-1783258318901 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Contribution Candidate Name James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33516-3906518816947 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road Suite I <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement Contribution Candidate Name John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33516-7052423357963 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 Society of Plastic Surgeons PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Mary Landrieu Inc <hr/> Mailing Address 607 14th Street NW Suite 800 Suite 1434 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Mary L. Landrieu Office Sought: <input type="checkbox"/> House Disbursement For: 2008 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: LA District:	Transaction ID: 33516-9094201922416 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00	
	Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Roy D. Blunt Office Sought: <input type="checkbox"/> House Disbursement For: 2008 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: MO District:	Transaction ID: 33516-3054773211479 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
	Full Name (Last, First, Middle Initial) Johanns for Senate Incorporated <hr/> Mailing Address 5555 South Street <hr/> City Lincoln State NE Zip Code 68506 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Michael Johanns Office Sought: <input type="checkbox"/> House Disbursement For: 2008 <input checked="" type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: 34756-6469232439994 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Musgrove for U S Senate <hr/> Mailing Address PO Box 24477 1076 Highland Colony Parkway <hr/> City Jackson State MS Zip Code 39225 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name David Ronald (Ronnie) Musgrove <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District:	Transaction ID: 33516-2099573016166 Date of Disbursement 10 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00		
	<b>B.</b> Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Sta <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Charles B. Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 15	Transaction ID: 33516-7410699725151 Date of Disbursement 10 / 31 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00	
		<b>C.</b> Full Name (Last, First, Middle Initial) Reed Committee <hr/> Mailing Address PO Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Jack Reed <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District:	Transaction ID: 33516-6322137713432 Date of Disbursement 10 / 23 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00

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

10000.00

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

35000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

A.	Full Name (Last, First, Middle Initial) Coleman for Senate Recount Fund		Transaction ID: 33516-5176202654838	
	Mailing Address 104 E Hume Avenue		Date of Disbursement 11 / 12 / 2008	
City Alexandria		State VA	Zip Code 22031	
Purpose of Disbursement Nonfederal Contribution			Amount of Each Disbursement this Period 5000.00	
Candidate Name			011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:				

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

5000.00

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

5000.00