



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="66393.81"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88745.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="22923.01"/>	<input type="text" value="115977.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="111668.95"/>	<input type="text" value="182371.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="83722.35"/>	<input type="text" value="154424.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27946.60"/>	<input type="text" value="27946.60"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Society of Plastic Surgeons PLASTYPAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17916.51	92276.84
(ii) Unitemized .....	5006.50	23700.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22923.01	115977.68
(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) .....	22923.01	115977.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	22923.01	115977.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22923.01	115977.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	722.35	2274.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	722.35	2274.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	83000.00	152000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(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	150.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	83722.35	154424.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83722.35	154424.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22923.01	115977.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22923.01	115827.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	722.35	2274.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	722.35	2274.89

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Adjust to reflect unreported bank fees in 2014 Q3

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Hilton C. Adler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 N Belle Mead Ave  
 Ste 1  
 City East Setauket State NY Zip Code 11733-3528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 08 / 25 / 2014  
**Transaction ID : CAB6F25B-A252-471F-**  
 Amount of Each Receipt this Period  
 380.00  
 Aggregate Year-to-Date **380.00**

**B. H. Daniel Atwood MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1794 E Joyce Blvd  
 Ste 1  
 City Fayetteville State AR Zip Code 72703-5257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 11 / 2014  
**Transaction ID : 7EF372BC232541D397B5**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date **250.00**

**C. M. Hugh Bailey MD FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Clearview  
 City Newport Coast State CA Zip Code 92657-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 09 / 09 / 2014  
**Transaction ID : 4932BB2D87FCC34F1E2C**  
 Amount of Each Receipt this Period  
 25.00  
 Aggregate Year-to-Date **225.00**

**SUBTOTAL** of Receipts This Page (optional)..... **655.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Steven C. Bonawitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8th Floor Plastic Surgery  
 601 North Cardine Street  
 City Baltimore State MD Zip Code 21287-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Hopkins Outpatient Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1100.00**

Date of Receipt **09 / 04 / 2014**  
**Transaction ID : 9FDDE7A6-805F-464E-**  
 Amount of Each Receipt this Period **1100.00**

**B. Louis P. Bucky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 W Washington Sq  
 Ste 101  
 City Philadelphia State PA Zip Code 19106-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Farm Journal Building Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 09 / 2014**  
**Transaction ID : 1BCE8B81CDA24541A593**  
 Amount of Each Receipt this Period **500.00**

**C. Theodore A. Calianos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 Whitmar Rd  
 City Cotuit State MA Zip Code 02635-2931  
 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 **333.36**

Date of Receipt **07 / 21 / 2014**  
**Transaction ID : 409AB2062EEDE3CA7595**  
 Amount of Each Receipt this Period **41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1641.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Theodore A. Calianos MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 Whitmar Rd  
City Cotuit State MA Zip Code 02635-2931  
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 **333.36**

Date of Receipt **08 / 21 / 2014**  
**Transaction ID : 4523ACB7F109652909A1**  
Amount of Each Receipt this Period **41.67**

**B. Theodore A. Calianos MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 151 Whitmar Rd  
City Cotuit State MA Zip Code 02635-2931  
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 **333.36**

Date of Receipt **09 / 21 / 2014**  
**Transaction ID : 4CBFBD6E0CAAE006A805**  
Amount of Each Receipt this Period **41.67**

**C. Lisa B. Cassileth MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 436 N Bedford Dr Ste 103  
City Beverly Hills State CA Zip Code 90210-4323  
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 **09 / 19 / 2014**  
**Transaction ID : 3E61D983-B8D1-482F-**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **333.34**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Paul S. Cederna MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1500 E Medical Center Dr  
Tc2130/Spc5340

City Ann Arbor State MI Zip Code 48109-5000

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

Name of Employer Self Occupation Associate Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : 322A83DE-CC13-44CE-**

Amount of Each Receipt this Period  
250.00

**B. Lynn A. Damitz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4917 Mill Hill Ln

City Chapel Hill State NC Zip Code 27517-7447

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

Name of Employer UNC Div of Plastic & Recon Surgery Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 823.50

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2014

**Transaction ID : 45C0A4D13390690BDF58**

Amount of Each Receipt this Period  
91.50

**C. Lynn A. Damitz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4917 Mill Hill Ln

City Chapel Hill State NC Zip Code 27517-7447

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

Name of Employer UNC Div of Plastic & Recon Surgery Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 823.50

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2014

**Transaction ID : 4383A16FBDD89764724C**

Amount of Each Receipt this Period  
91.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	433.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Lynn A. Damitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4917 Mill Hill Ln  
 City Chapel Hill State NC Zip Code 27517-7447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNC Div of Plastic & Recon Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 823.50

Date of Receipt 09 / 20 / 2014  
**Transaction ID : 45DFB4AF7B7B516D90F2**  
 Amount of Each Receipt this Period 91.50

**B. Deason C. Dunagan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 Williams Ave SW Ste 1421  
 City Huntsville State AL Zip Code 35801-6008  
 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 09 / 26 / 2014  
**Transaction ID : 2BCA23AB6CB043848B0A**  
 Amount of Each Receipt this Period 250.00

**C. Behnaz Fayazi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5530 Wisconsin Ave Ste 1248  
 City Chevy Chase State MD Zip Code 20815-4301  
 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 07 / 18 / 2014  
**Transaction ID : E77BFEEA-C0BF-49B5-**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 591.50  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Gregory M. Fedele MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 18081 Hawksmoor Way

City Chagrin Falls State OH Zip Code 44023-1521

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 ▼ **375.00**

Date of Receipt  
**09 / 24 / 2014**

**Transaction ID : 437B98EF35CC67ECC9E0**

Amount of Each Receipt this Period  
**125.00**

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

Mailing Address 2301 E Evesham Rd Ste 107

City Voorhees State NJ Zip Code 08043-4502

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

Name of Employer The Pavilion Voorhees Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**07 / 09 / 2014**

**Transaction ID : 656EDDDC-0220-447C-**

Amount of Each Receipt this Period  
**500.00**

**c. Scot Bradley Glasberg MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address Apartment 19Ab

City New York State NY Zip Code 10075

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 ▼ **730.00**

Date of Receipt  
**07 / 11 / 2014**

**Transaction ID : 4930AD59A1A2F3AD4CF3**

Amount of Each Receipt this Period  
**90.00**

**SUBTOTAL** of Receipts This Page (optional)..... **715.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
<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. Scot Bradley Glasberg MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address Apartment 19Ab

City New York State NY Zip Code 10075

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 ▼ **730.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 11 / 2014**

**Transaction ID : 4885A8FACD6F68EB9E3D**

Amount of Each Receipt this Period  
**90.00**

**B. Scot Bradley Glasberg MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address Apartment 19Ab

City New York State NY Zip Code 10075

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 ▼ **730.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 11 / 2014**

**Transaction ID : 41F18567EE4159410746**

Amount of Each Receipt this Period  
**90.00**

**C. Arun K. Gosain MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 225 E Chicago Ave  
 Division of Pediatric Plastic Surg

City Chicago State IL Zip Code 60611-2991

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

Name of Employer Lurie Children's Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2014**

**Transaction ID : 35FD9A30-5E63-412A-**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **430.00**

**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 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. John A. Grossman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Hale Pkwy  
 Ste 100  
 City Denver State CO Zip Code 80220-4000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 13 / 2014**  
**Transaction ID : 48CF8F2E06C1CDDBB171**  
 Amount of Each Receipt this Period **250.00**

**B. Kent K. Higdon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address D4207 - Medical Center North  
 City Nashville State TN Zip Code 37232-0001  
 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 **09 / 11 / 2014**  
**Transaction ID : 1B6AD390-8FC1-4825-**  
 Amount of Each Receipt this Period **250.00**

**C. Jeffrey D. Horowitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2225 Old Emmorton Rd  
 City Bel Air State MD Zip Code 21015-6129  
 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 **09 / 14 / 2014**  
**Transaction ID : 03F27A25-F32D-4D62-**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Thomas J. Hubbard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 Phillip Ave  
 City Virginia Beach State VA Zip Code 23454-4461  
 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 **07 / 18 / 2014**  
**Transaction ID : DF7BBA70-BA30-448B-**  
 Amount of Each Receipt this Period **500.00**

**B. William H. Huffaker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 Pinehurst Estates Dr  
 City Saint Louis State MO Zip Code 63141-8041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Louis Cosmetic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **07 / 30 / 2014**  
**Transaction ID : 47EB9908DFE9B2375F2F**  
 Amount of Each Receipt this Period **250.00**

**C. William H. Huffaker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 Pinehurst Estates Dr  
 City Saint Louis State MO Zip Code 63141-8041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Louis Cosmetic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **08 / 30 / 2014**  
**Transaction ID : 4BFEB1EAB3DF3E451198**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. William H. Huffaker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 134 Pinehurst Estates Dr  
 City Saint Louis State MO Zip Code 63141-8041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Louis Cosmetic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1750.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : 4291A88D74A1C3116CF7**  
 Amount of Each Receipt this Period **250.00**

**B. Michael A. Jazayeri MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 E 1st St Ste 270  
 City Santa Ana State CA Zip Code 92705-4083  
 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 **09 / 26 / 2014**  
**Transaction ID : 9017320DA2744B1FB46B**  
 Amount of Each Receipt this Period **500.00**

**C. Debra J. Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 Cutter Way  
 City Sacramento State CA Zip Code 95818-4442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plastic Surgery Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : 45EDA3C24C6C60A9B4C2**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Debra J. Johnson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 Cutter Way

City Sacramento State CA Zip Code 95818-4442

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

Name of Employer The Plastic Surgery Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 03 / 2014**

**Transaction ID : 43F4B3DE6AA9D7630589**

Amount of Each Receipt this Period  
**100.00**

**B. Debra J. Johnson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 Cutter Way

City Sacramento State CA Zip Code 95818-4442

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

Name of Employer The Plastic Surgery Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 03 / 2014**

**Transaction ID : 40E1B4DAD8AC2B8A4B4A**

Amount of Each Receipt this Period  
**100.00**

**C. Abdullah Khalil MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 N Roxbury Dr Ste 207

City Beverly Hills State CA Zip Code 90210-5017

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 M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2014**

**Transaction ID : DBB7CE7E-B493-4FC0-**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. W. John Kitzmiller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Albert Sabin Way  
 MI0558  
 City Cincinnati State OH Zip Code 45267-2827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Cincinnati Plas Recon & Hand S Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 18 / 2014**  
**Transaction ID : 8BD1DE1B-FD8B-45BD-**  
 Amount of Each Receipt this Period **250.00**

**B. Ewa Komorowska-Timek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4551 Cascade Rd SE  
 Advanced Plastic Surgery, Pc  
 City Grand Rapids State MI Zip Code 49546-8372  
 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 **08 / 15 / 2014**  
**Transaction ID : 0F1590B6-DCA5-44F3-**  
 Amount of Each Receipt this Period **500.00**

**C. William M. Kuzon MD, Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4665 Fox Sedge Ct  
 City Dexter State MI Zip Code 48130-9373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan - Plastic Surge Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **07 / 23 / 2014**  
**Transaction ID : 4937A9FABE6F807FCB10**  
 Amount of Each Receipt this Period **100.00**

<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: (check only one)	PAGE 19 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. William M. Kuzon MD, Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4665 Fox Sedge Ct  
 City Dexter State MI Zip Code 48130-9373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan - Plastic Surge  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 23 / 2014  
**Transaction ID : 4BC486BC422335A966A0**  
 Amount of Each Receipt this Period 100.00

**B. William M. Kuzon MD, Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4665 Fox Sedge Ct  
 City Dexter State MI Zip Code 48130-9373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Michigan - Plastic Surge  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : 4914956B02A9431D8AA5**  
 Amount of Each Receipt this Period 100.00

**C. Val S. Lambros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 San Miguel Dr Ste 406  
 City Newport Beach State CA Zip Code 92660-7822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Facial Imaging Research Project  
 Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2014  
**Transaction ID : 894F8FE085244FBEAC72**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 20 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. W. Thomas Lawrence MD</b>		Date of Receipt MM / DD / YYYY 07 / 30 / 2014 <b>Transaction ID : 43ECACA61D0FE7A630F3</b>
Mailing Address 200 Hawkins Dr Division of Plastic Surgery 1541 J		Amount of Each Receipt this Period 15.00
City Iowa City State IA Zip Code 52242-1009	FEC ID number of contributing federal political committee. C	
Name of Employer Self Occupation Physician	Aggregate Year-to-Date 235.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. W. Thomas Lawrence MD</b>		Date of Receipt MM / DD / YYYY 08 / 30 / 2014 <b>Transaction ID : 4C5AB4EB79DBDFD23642</b>
Mailing Address 200 Hawkins Dr Division of Plastic Surgery 1541 J		Amount of Each Receipt this Period 15.00
City Iowa City State IA Zip Code 52242-1009	FEC ID number of contributing federal political committee. C	
Name of Employer Self Occupation Physician	Aggregate Year-to-Date 235.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. W. Thomas Lawrence MD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : 4C90A56E3FA5B1C07FAC</b>
Mailing Address 200 Hawkins Dr Division of Plastic Surgery 1541 J		Amount of Each Receipt this Period 15.00
City Iowa City State IA Zip Code 52242-1009	FEC ID number of contributing federal political committee. C	
Name of Employer Self Occupation Physician	Aggregate Year-to-Date 235.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 21 OF 43
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

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

**A. Tenley Lawton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 Newport Center Dr  
 Ste 170  
 City Newport Beach State CA Zip Code 92660-0937  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 31AFCC8B0CB64D349912**  
 Amount of Each Receipt this Period  
 250.00

**B. Anhtuyet Thi Bui Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3270 Joe Battle Blvd  
 Ste 315  
 City El Paso State TX Zip Code 79938-2651  
 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 M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2014  
**Transaction ID : 6031E1109C744D69917F**  
 Amount of Each Receipt this Period  
 250.00

**C. Charles Sc Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 462 N Linden Dr  
 Ste 333  
 City Beverly Hills State CA Zip Code 90212-2247  
 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 M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : 22DE34AD-386A-4020-**  
 Amount of Each Receipt this Period  
 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Paul J. Loverme MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Brook Ridge Ct

City Cedar Grove	State NJ	Zip Code 07009-1641
---------------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2014

**Transaction ID : 422AAF79CD52A055FD67**

Amount of Each Receipt this Period  
50.00

**B. Paul J. Loverme MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Brook Ridge Ct

City Cedar Grove	State NJ	Zip Code 07009-1641
---------------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

**Transaction ID : 40BAB84A72D78F1087CD**

Amount of Each Receipt this Period  
50.00

**C. Paul J. Loverme MD, FACS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Brook Ridge Ct

City Cedar Grove	State NJ	Zip Code 07009-1641
---------------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2014

**Transaction ID : 409D8943D934764EE2F9**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Alan Matarasso MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1009 Park Ave

City New York State NY Zip Code 10028-0936

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 ▼ **375.00**

Date of Receipt **08 / 28 / 2014**

**Transaction ID : 7C3FD67B-2944-4F53-**

Amount of Each Receipt this Period **175.00**

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

Mailing Address 6906 Sewanee St

City Houston State TX Zip Code 77025-1348

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 ▼ **630.00**

Date of Receipt **07 / 14 / 2014**

**Transaction ID : 473883CDFB812908E6F4**

Amount of Each Receipt this Period **90.00**

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

Mailing Address 6906 Sewanee St

City Houston State TX Zip Code 77025-1348

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 ▼ **630.00**

Date of Receipt **08 / 14 / 2014**

**Transaction ID : 429FA0A7AE9CCD3ACE47**

Amount of Each Receipt this Period **90.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **355.00**

**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 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Morgan E. Norris MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6906 Sewanee St  
 City Houston State TX Zip Code 77025-1348  
 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 **630.00**

Date of Receipt **09 / 14 / 2014**  
**Transaction ID : 4A659F4444DOC8142347**  
 Amount of Each Receipt this Period **90.00**

**B. John M. Osborn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 Scripps Dr Downstairs  
 City Sacramento State CA Zip Code 95825-6320  
 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 **08 / 13 / 2014**  
**Transaction ID : 71C422BA01884686A2BD**  
 Amount of Each Receipt this Period **100.00**

**C. Malcolm Z. Roth MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 New Scotland Ave Mail Code 190  
 City Albany State NY Zip Code 12208-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical Center Occupation Associate Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 07 / 2014**  
**Transaction ID : A7263E2656A84AD4A7D6**  
 Amount of Each Receipt this Period **1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Robert C. Russell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 E Carpenter St  
 Ste 1A  
 City Springfield State IL Zip Code 62702-5165  
 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 **07 / 03 / 2014**  
**Transaction ID : AB146236-2576-4AD6-**  
 Amount of Each Receipt this Period **500.00**

**B. Wesley G. Schooler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 W Pueblo St  
 Ste A  
 City Santa Barbara State CA Zip Code 93105-6206  
 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 **08 / 07 / 2014**  
**Transaction ID : E00BEC01-96B8-4A1E-**  
 Amount of Each Receipt this Period **250.00**

**C. Michele A. Shermak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1304 Bellona Ave  
 the Plastic Surgery Center of Mary  
 City Lutherville State MD Zip Code 21093-5425  
 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 **09 / 09 / 2014**  
**Transaction ID : 83829DEA-70C0-40C5-**  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Alissa Shulman MD**

Mailing Address 1950 Arlington St  
Sovereign Plastic Surgery Suite 11

City Sarasota State FL Zip Code 34239-3507

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  
08 / 06 / 2014  
**Transaction ID : DE987C1D16D24532A7D4**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Aamir Siddiqui MD**

Mailing Address 2799 W Grand Blvd  
Henry Ford Hospital, K-16

City Detroit State MI Zip Code 48202-2608

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

Name of Employer Division Plastic Surgery K-16 Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
09 / 02 / 2014  
**Transaction ID : E1D01580-F98E-42C7-**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Brendan E. Smith MD**

Mailing Address 16 Okatie Center Blvd S  
Ste 101

City Okatie State SC Zip Code 29909-7535

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 ▼  
375.00

Date of Receipt  
07 / 25 / 2014  
**Transaction ID : 463E9FF9B34AD9333845**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00

**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 27 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Gary A. Smotrich MD</b>		Date of Receipt MM / DD / YYYY 08 / 13 / 2014 <b>Transaction ID : 6B282059-86B1-440F-</b>
Mailing Address 3131 Princeton Pike Bldg 5		Amount of Each Receipt this Period 1000.00
City Lawrenceville	State NJ	
Zip Code 08648-2201		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Lawrenceville Plastic Surgery	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. David H. Song MD, Mba, F</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2014 <b>Transaction ID : AA4F703B-749F-4D37-</b>
Mailing Address 5841 S Maryland Ave M/C 6035		Amount of Each Receipt this Period 500.00
City Chicago	State IL	
Zip Code 60637-1447		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer University of Chicago Medical Center	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Gregory M. Swank MD</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2014 <b>Transaction ID : 4A34BFD8AE8F75BCE909</b>
Mailing Address 5141 Hurricane Hill Rd		Amount of Each Receipt this Period 1000.00
City Granite Falls	State NC	
Zip Code 28630-8384		Aggregate Year-to-Date ▼ 2000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Plastic Surgery & Dermatology	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. William A. Wallace MD, FACS</b>		Date of Receipt
Mailing Address 4147 Southpoint Dr E		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Jacksonville State FL Zip Code 32216-0996		<b>Transaction ID : 4008801A58DE1396661E</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coastal Cosmetic Center Occupation Physician		<input type="text" value="84.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="672.00"/>	

Full Name (Last, First, Middle Initial) <b>B. William A. Wallace MD, FACS</b>		Date of Receipt
Mailing Address 4147 Southpoint Dr E		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Jacksonville State FL Zip Code 32216-0996		<b>Transaction ID : 479BB32C7E5C4CBA8DB1</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coastal Cosmetic Center Occupation Physician		<input type="text" value="84.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="672.00"/>	

Full Name (Last, First, Middle Initial) <b>C. William A. Wallace MD, FACS</b>		Date of Receipt
Mailing Address 4147 Southpoint Dr E		<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Jacksonville State FL Zip Code 32216-0996		<b>Transaction ID : 40D59E2E0EB262897591</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coastal Cosmetic Center Occupation Physician		<input type="text" value="84.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="672.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="252.00"/>
<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: (check only one)	PAGE 29 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Adam B. Weinfeld MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3724 Executive Center Dr  
 Bldg 115  
 City Austin State TX Zip Code 78731-1646  
 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 M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2014  
**Transaction ID : 3B1AC64F-AC39-4C3A-**  
 Amount of Each Receipt this Period  
 500.00

**B. Eric H. Williams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1122 Kenilworth Dr  
 the Exchange Suite 18  
 City Towson State MD Zip Code 21204-2139  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2014  
**Transaction ID : ECF028D9-594F-4BEC-**  
 Amount of Each Receipt this Period  
 250.00

**C. Eric H. Williams MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1122 Kenilworth Dr  
 the Exchange Suite 18  
 City Towson State MD Zip Code 21204-2139  
 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : EFE17053-2299-47B3-**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 30 OF 43  
(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. Judith B. Zacher MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 43585 Monterey Ave  
Ste 7  
City Palm Desert State CA Zip Code 92260-9400  
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  
MM / DD / YYYY  
07 / 24 / 2014  
Transaction ID : **F5CFB39FB8DD4422ACDE**  
Amount of Each Receipt this Period  
500.00

**B. Richard J. Zienowicz MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Castle Hill Ave  
Usa  
City Newport State RI Zip Code 02840-3721  
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  
MM / DD / YYYY  
09 / 25 / 2014  
Transaction ID : **49B980FA249560762127**  
Amount of Each Receipt this Period  
250.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
MM / DD / YYYY  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17916.51

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 South Milwaukee Ave

City State Zip Code  
Libertyville IL 60048

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 99E598212D43B462C75**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 South Milwaukee Ave

City State Zip Code  
Libertyville IL 60048

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 381D34790132890C389**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 South Milwaukee Ave

City State Zip Code  
Libertyville IL 60048

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 948BDA509DD1D296A7A**

Amount of Each Disbursement this Period

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

**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**

Full Name (Last, First, Middle Initial) <b>A. Ben Sasse for US Senate Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address PO Box 1976		<b>Transaction ID : D573CD3997BC18EAE4A</b>
City Fremont	State NE	
Purpose of Disbursement 2014 General		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Benjamin E. Sasse</b>		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District:	

Full Name (Last, First, Middle Initial) <b>B. Bill Cassidy for US Senate</b>		Date of Disbursement MM / DD / YYYY 07 / 11 / 2014
Mailing Address PO Box 80505		<b>Transaction ID : 04252AFFE6A63AD003B</b>
City Baton Rouge	State LA	
Purpose of Disbursement 2014 General		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>William Cassidy</b>		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District:	

Full Name (Last, First, Middle Initial) <b>C. Bill Cassidy for US Senate</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address PO Box 80505		<b>Transaction ID : 8A4CDD12854E4EBAB3A</b>
City Baton Rouge	State LA	
Purpose of Disbursement 2014 General		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>William Cassidy</b>		Category/ Type 011
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District:	

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Kevin Brady**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : 38AC13DADC5C5FE2866

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Capito for West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Shelley Moore Capito**

Office Sought:  House  
 Senate  
 President  
State: WV District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : 39BD3C586638115F851

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name  
**Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President  
State: WA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : 53F255BDBA6BEE5849D

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

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

6	5	0	0	0	0	0	0	0	0

6	5	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Cole for Congress**

Mailing Address PO Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement  
2014 General

011

Candidate Name

**Thomas Jeffery Cole**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

**Transaction ID : 46236A1F8E6E6F64429**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Cory Gardner for Senate**

Mailing Address 9227 E. Lincoln Ave., #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement  
2014 General

011

Candidate Name

**Cory Gardner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

**Transaction ID : C787A5EF3513E892399**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement  
2014 General

011

Candidate Name

**Robert James Dold Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

**Transaction ID : 7780AF33FFEF041C76B**

Amount of Each Disbursement this Period

1000.00

**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) 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**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

Transaction ID : 3A9D996C9DD87048B6C

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Families for James Lankford**

Mailing Address PO Box 1639

City State Zip Code  
Bethany OK 73008

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**James Lankford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OK District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	19	/	2014

Transaction ID : 377F8C0D5A6540768D9

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of John Delaney**

Mailing Address PO Box 70835

City State Zip Code  
Bethesda MD 20813

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**John K. Delaney**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	19	/	2014

Transaction ID : E6A06E6C3DC4BCB2BBB

Amount of Each Disbursement this Period

2000.00
---------

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

6500.00
---------

**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**

Full Name (Last, First, Middle Initial)

**A. Friends of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2014 General

011

Candidate Name  
**Michelle Lujan Grisham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2014

Transaction ID : 24AD8126EF5846E568A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Patrick Joseph Toomey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : 60BC5F0CBD16FCBC6C7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205-4002

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Roy D. Blunt**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2014

Transaction ID : FFF6DB416567EB085E9

Amount of Each Disbursement this Period

2500.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Sherrod Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : AA97C348EABE4444C7B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Healthcare Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2014

Transaction ID : CEEEA6B032F1592F620

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Joni for Iowa**

Mailing Address PO Box 93441

City Des Moines State IA Zip Code 50393

Purpose of Disbursement  
2014 General

011

Candidate Name

**Joni K. Ernst**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : 1EE0D40A5AF6BCEB313

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : C43382EDC1F3ABC01E1

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Kline for Congress**

Mailing Address 350 W Burnsville Pkwy  
Ste 375

City Burnsville State MN Zip Code 55337

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**John Kline**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : 60C2DCE00D36F696EF2

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement  
2014 Contribution

011

Category/  
Type

Candidate Name

**Lone Star Leadership PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : CFB64FB3736F7B22AC1

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City State Zip Code  
Boise ID 83701

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael D. Crapo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

**Transaction ID : 515CE3180B95F3C33AE**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Poliquin for Congress**

Mailing Address PO Box 50

City State Zip Code  
Oakland ME 04963

Purpose of Disbursement  
2014 General

011

Candidate Name

**Bruce L. Poliquin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

**Transaction ID : F1198728F44289AA9E3**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City State Zip Code  
Dublin OH 43017-8914

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : AA2D10D3F2EFCCE849**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2014 General

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2014

Transaction ID : AF09CF7F3DFE7DD6DD0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Price for Congress**

Mailing Address PO Box 1986

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
2014 General

011

Candidate Name

**David E. Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 19 / 2014

Transaction ID : 920F880B13BD57BB2C4

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Rely on Your Beliefs Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2014

Transaction ID : 9060276DF5257E106A1

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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**

Full Name (Last, First, Middle Initial)

**A. Rounds for Senate**

Mailing Address PO Box 250  
223 E Capitol Avenue

City Pierre State SD Zip Code 57501

Purpose of Disbursement  
2014 General

011

Candidate Name

**M. Michael Rounds**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : 92438C23FF53679B8A4

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2014 General

011

Candidate Name

**Paul Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : F971ADBD4FD59376ABD

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address PO Box 23219

City Jefferson State LA Zip Code 70183-3219

Purpose of Disbursement  
2014 General

011

Candidate Name

**Stephen J. Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	4

Transaction ID : 2F7E63AB25D23EA590F

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

9	5	0	0	.	0	0
---	---	---	---	---	---	---

9	5	0	0	.	0	0
---	---	---	---	---	---	---

**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**

Full Name (Last, First, Middle Initial)

**A. Steve Daines for Montana**

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement  
2014 General

011

Candidate Name

**Steve Daines**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
08 / 19 / 2014

**Transaction ID : 870137ED434AD62F748**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement  
2014 General

011

Candidate Name

**Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
07 / 11 / 2014

**Transaction ID : 4931D594218FCD0F6AC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Sullivan for US Senate**

Mailing Address 3705 Arctic Blvd #447

City Anchorage State AK Zip Code 99503-5774

Purpose of Disbursement  
2014 General

011

Candidate Name

**Daniel Sullivan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
09 / 23 / 2014

**Transaction ID : A18F0B01CA158510CA4**

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)..... ▶

**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**

Full Name (Last, First, Middle Initial)

**A. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2014 General

011

Category/  
Type

Candidate Name

**Thomas Roland Tillis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2014

Transaction ID : E122A19E24D72558CCC

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

2500.00
---------

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

83000.00
----------