

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Society of Plastic Surgeons PLASTYPAC

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

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

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

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer Electronically Filed by Mr. William Seward Date 01 27 2010

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

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		38811.90
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	96225.03									
(c) Total Receipts (from Line 19)	97664.00	186854.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193889.03	225665.90								
7. Total Disbursements (from Line 31)	96271.57	128048.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97617.46	97617.46								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	83765.00	156520.00
(ii) Unitemized	13899.00	30334.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	97664.00	186854.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	97664.00	186854.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	97664.00	186854.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97664.00	186854.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1771.57	3048.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1771.57	3048.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	94500.00	125000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	96271.57	128048.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96271.57	128048.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 82

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)	97664.00	186854.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	97664.00	186854.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1771.57	3048.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1771.57	3048.44

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 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Monique Lisa Abner, MD		Date of Receipt MM / DD / YYYY 11 / 03 / 2009		
	Mailing Address 6601 Long Meadow Road		Transaction ID: 26CD5B95D2ED71A3377		
	City Charlotte	State NC	Zip Code 28210-4735	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Abner Center for Plastic Surgery	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) William P Adams, Jr., MD		Date of Receipt MM / DD / YYYY 11 / 24 / 2009		
	Mailing Address 7007 Pemberton Drive		Transaction ID: B28013F639A8F475EFA		
	City Dallas	State TX	Zip Code 75230-4261	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Hilton C Adler, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009		
	Mailing Address 10 East Gate Lane		Transaction ID: BFF3F6D46B3FE92B6CA		
	City Old Field	State NY	Zip Code 11733-1644	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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: PAGE 8 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Gary J Alter, MD		Date of Receipt MM / DD / YYYY 12 / 14 / 2009
Mailing Address 2716 Ellison Drive		Transaction ID: C6216A91470B8537693
City Beverly Hills	State Zip Code CA 90210-1208	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Raj Ambay, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
Mailing Address 4899 Montrose		Transaction ID: 1DA5D5B958F78D84C48
City Houston	State Zip Code TX 77006-6164	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Wisconsin-Madison	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Edwin N Austin, MD		Date of Receipt MM / DD / YYYY 12 / 30 / 2009
Mailing Address 2685 Holiday Drive South		Transaction ID: 1ACE0F08835AC8A093F
City Salem	State Zip Code OR 97302-5830	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: PAGE 9 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
W. Byron Barber, MD

Mailing Address 2020 St. Andrews Road

City Greensboro State NC Zip Code 27408-5812

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 / 03 / 2009

Transaction ID: 39E88572D1092082407

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Marguerite P Barnett, MD

Mailing Address 4138 Windemere Place

City Sarasota State FL Zip Code 34231

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 / 13 / 2009

Transaction ID: 8E8B8B2FC0DA727B1F1

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Fredric M Barr, MD

Mailing Address 11772 Lakeshore Place

City Npb State FL Zip Code 33408-3245

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 / 22 / 2009

Transaction ID: E27959536BDB6E2525E

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard A Bartlett, MD

Mailing Address 8 Colonial Road

City State Zip Code
Dover MA 02030-1621

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: 2376ED0915B678A9E83

Amount of Each Receipt this Period
600.00

B.

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

Mailing Address 3701 East Dunlap Avenue

City State Zip Code
Phoenix AZ 85028-5043

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
12 / 22 / 2009

Transaction ID: F59E8F58F77F79D92FD

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jaime Bastidas

Mailing Address Suite 201
3729 Easton-Nazareth Highway

City State Zip Code
Easton PA 18045

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 ▼
2500.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2009

Transaction ID: 76335479B0698E41591

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) C. Bob Basu, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009		
	Mailing Address 1511 Missouri Street		Transaction ID: 880D118F47AD2188136		
	City Houston	State TX	Zip Code 77006-2525	Amount of Each Receipt this Period 1750.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Basu Plastic Surgery	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

B.	Full Name (Last, First, Middle Initial) Semira Bayati, MD		Date of Receipt MM / DD / YYYY 08 / 17 / 2009		
	Mailing Address 2536 Temple Hills Drive		Transaction ID: F7B129A5A73E05A58C5		
	City Laquan Beach	State CA	Zip Code 92653	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Michael F Bohley, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009		
	Mailing Address PO Box 4045		Transaction ID: B85661CD1934A7E4201		
	City Tualatin	State OR	Zip Code 97062-4045	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	2365.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Steven C Bonawitz, MD
 Mailing Address 17 Manning Avenue
 City Lewiston State ME Zip Code 04240
 Date of Receipt 07 / 27 / 2009
Transaction ID: D3FF37281524DBCFE04
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
Richard T Bosshardt, MD
 Mailing Address 31005 Secretariat Trail
 City Leesburg State FL Zip Code 34748-9681
 Date of Receipt 10 / 27 / 2009
Transaction ID: D5598733C69B72DDEFB
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Stephen D Bresnick, MD
 Mailing Address 3575 Beverly Glen Terrace
 City Sherman Oaks State CA Zip Code 91423-4402
 Date of Receipt 10 / 27 / 2009
Transaction ID: F42458170A11660F512
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 300.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Scott R Brundage, MD
 Mailing Address 835 Plymouth Southeast
 City State Zip Code
Grand Rapids MI 49506-6521
 Date of Receipt
MM / DD / YYYY
12 / 30 / 2009
Transaction ID: E8662231526BF14E0C3
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Centre For Plastic Surgery Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Louis P Bucky, MD
 Mailing Address 1275 South Avignon Drive
 City State Zip Code
Gladwyne PA 19035-1042
 Date of Receipt
MM / DD / YYYY
12 / 14 / 2009
Transaction ID: 6F03F6F4C57B8FA08B3
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
The Farm Journal Building Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
A. Jay Burns, MD
 Mailing Address 3121 Hanover
 City State Zip Code
Dallas TX 75225
 Date of Receipt
MM / DD / YYYY
07 / 13 / 2009
Transaction ID: 99F61F61262DDEDB432
 Amount of Each Receipt this Period
300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Self Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael J Busuito, MD
Mailing Address 2556 Amberst Court
City Troy State MI Zip Code 48098-4200
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 12 / 22 / 2009
Transaction ID: 2C111DD4F214B9A2919
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Donald J Campbell, MD
Mailing Address 2401 Avonlea Way
City Gainesville State GA Zip Code 30504-2685
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 27 / 2009
Transaction ID: 54CB0891BEBC6C38D7B
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Alexander Carli, MD
Mailing Address 1300 Hidden Springs Drive
City Corona State CA Zip Code 92881-6702
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 11 / 17 / 2009
Transaction ID: C4C7535CD009B7BA014
Amount of Each Receipt this Period 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Richard E Carlino, MD		Date of Receipt
	Mailing Address 1305 Lutz Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Raleigh	NC	27607-6846
	FEC ID number of contributing federal political committee. C		Transaction ID: 7FC8FCC4ACD4600CBE2
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 300.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Richard F Carver, MD		Date of Receipt
	Mailing Address 23876 Pioneer Ridge Road Usa		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 9 / 0 3 / 2 0 0 9
	City	State	Zip Code
	Rapid City	SD	57702-7325
	FEC ID number of contributing federal political committee. C		Transaction ID: 437F20D9374CA419DAF
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Lisa B Cassileth, MD		Date of Receipt
	Mailing Address 2112 Linda Flora Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 2 / 0 4 / 2 0 0 9
	City	State	Zip Code
	Los Angeles	CA	90077-1409
	FEC ID number of contributing federal political committee. C		Transaction ID: 916F185B-A047-41A5-
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey K Chapman, MD

Mailing Address 918 Belvedere Court

City State Zip Code
Fort Collins CO 80525

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 27 / 2009

Transaction ID: 85B63445EBE3E6F308C

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Patrick Chen, MD

Mailing Address 7028 Saucon Valley Drive

City State Zip Code
Fort Worth TX 76132-4539

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2009

Transaction ID: 189C6B254F1A38A73B8

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Madhukar G Chhatre, MD

Mailing Address 5528 Golden Bear Drive

City State Zip Code
Overland Park KS 66223-3350

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2009

Transaction ID: 8E1A4E3B98218885E25

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John Q Cook, MD

Mailing Address 765 Willow Road

City State Zip Code
Winnetka IL 60093-3867

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: C272436E9029F9EAC93

Amount of Each Receipt this Period
500.00

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

Mailing Address 10210 North 92nd Street

City State Zip Code
Scottsdale AZ 85258-4509

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: 64C22A4269E15D25809

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Richard D Corley, MD

Mailing Address 1123 Millford Lane

City State Zip Code
Peoria IL 61614

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2009

Transaction ID: 1A4276DE3A40FB59C9A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stefan B Craig, MD

Mailing Address 11220 Hunters Pond

City State Zip Code
St. Louis MO 63141

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: 109F853F011BFA11063

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2506 Acadie Drive

City State Zip Code
Jacksonville FL 32217-3516

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

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

Transaction ID: 657CF0D5282203233FF

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
James R Cullington, MD

Mailing Address 901 Baylor

City State Zip Code
Austin TX 78703-4937

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

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

Transaction ID: BD9C9DB812E6A75B3F2

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Bruce L Cunningham, MD
Mailing Address 1823 Irving Avenue South
City Minneapolis State MN Zip Code 55403-2822
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 / 17 / 2009
Transaction ID: CDF4CFF96A5C20C968B
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Bruce J Cusenz, MD
Mailing Address 14 Bel Air Court
City Getzville State NY Zip Code 14068-1191
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 12 / 22 / 2009
Transaction ID: BB079B9B64ABD477624
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Richard A D'Amico, MD
Mailing Address 16 Lambs Lane
City Cresskill State NJ Zip Code 07626
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 08 / 24 / 2009
Transaction ID: ECD02B7A-D58C-4B03-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Lee B Daniel, MD		Date of Receipt
	Mailing Address 2285 Parkside Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 13 / 2009
	City	State	Zip Code
	Eugene	OR	97403
	FEC ID number of contributing federal political committee. C		Transaction ID: 9CE90FAC5939A29572D
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Anne R Delaney, MD		Date of Receipt
	Mailing Address 99 Montecillo Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 10 / 2009
	City	State	Zip Code
	San Rafael	CA	94903-3308
	FEC ID number of contributing federal political committee. C		Transaction ID: F5968B534DA87A62E0F
Name of Employer Department of Plastic Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) L. Michael Diaz, MD		Date of Receipt
	Mailing Address 2344 Rue Maison		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 12 / 22 / 2009
	City	State	Zip Code
	Biloxi	MS	39532-3242
	FEC ID number of contributing federal political committee. C		Transaction ID: 94732E74D2C6969936F
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Thomas W Dooley, MD

Mailing Address 40 Kenhorst Boulevard

City State Zip Code
Reading PA 19607-1532

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2009

Transaction ID: 080730122C52CF4701E

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Mark A Eberbach, MD

Mailing Address 18009 Crawley Road

City State Zip Code
Odessa FL 33556

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: D5A9AFB455B63069508

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1919 North 269 Plaza

City State Zip Code
Waterloo NE 68069-6229

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

Name of Employer Aesthetic Surgical Images Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2009

Transaction ID: 243F369777800FACE3C

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ►

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Judy A Emanuele, MD

Mailing Address 69 Baiting Drive

City Baiting Hollow State NY Zip Code 11933

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 / 20 / 2009
Transaction ID: 99DC159500603F46EB1
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Frank M Emery, MD

Mailing Address 11 Sylvan Lane Southeast

City Cedar Rapids State IA Zip Code 52403-1553

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 11 / 17 / 2009
Transaction ID: BA47149FC103D63DE8B
 Amount of Each Receipt this Period 300.00

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

Mailing Address 10480 Yosemite Way

City Tustin State CA Zip Code 92782-1471

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

Name of Employer Aesthetic & Plastic Surgery Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 09 / 2009
Transaction ID: 0485A66BC8826849C0B
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John A Fagg, MD		Date of Receipt
	Mailing Address 403 Arbor Road		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Winston-Salem	NC	27104-2019
	FEC ID number of contributing federal political committee.		Transaction ID: FEF2E38360E37021648
		Amount of Each Receipt this Period	
		<input type="text" value="250.00"/>	
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Leo D Farrell, MD		Date of Receipt
	Mailing Address 1735 Adeline Drive		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mechanicsburg	PA	17050-1682
	FEC ID number of contributing federal political committee.		Transaction ID: 8045BA69134D554C3E2
		Amount of Each Receipt this Period	
		<input type="text" value="250.00"/>	
Name of Employer Farrell Plastic Surgery, P.C.		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) David Feldmar, MD		Date of Receipt
	Mailing Address Apt. D 23 West 69th Street		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New York	NY	10023-4702
	FEC ID number of contributing federal political committee.		Transaction ID: 5BF51E05D04732E2A03
		Amount of Each Receipt this Period	
		<input type="text" value="250.00"/>	
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patrick R Felice, MD
Mailing Address 4 Ryan Circle
City Simsbury State CT Zip Code 06070
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 08 / 17 / 2009
Transaction ID: B8EF3346EDC22006532
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Neil A Fine, MD
Mailing Address 3230 Mary Kay Lane
City Glenview State IL Zip Code 60026-1141
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 10 / 2009
Transaction ID: A1A0C0C95EC25F28C7E
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
E. Ronald Finger, MD
Mailing Address 11 W Jones Street
City Savannah State GA Zip Code 31401-4503
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 12 / 22 / 2009
Transaction ID: 627A7AC50A51C8F3E73
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 82
(check only one)

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

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

A.

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

Mailing Address 23 Staffordshire Road

City State Zip Code
Cherry Hill NJ 08003-1977

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

Name of Employer Occupation
The Pavilion Voorhees Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: CF52FE42E49A0CA6CB0

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey D Friedman, MD

Mailing Address 809 Kuhlman

City State Zip Code
Houston TX 77024-3105

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 03 / 2009

Transaction ID: 92A005F7C75798808A0

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Roberta L Gartside, MD

Mailing Address 1708 Warner Avenue

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
New Image Plastic Surgery Associates, Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 11 / 2009

Transaction ID: 6E6EC7DE-2B3C-459D-

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 82
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Richard C Garvey, MD

Mailing Address 1041 Peace Street

City Pelham Manor State NY Zip Code 10803-3431

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 11 / 03 / 2009

Transaction ID: B4F4434294293306D1D

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Lloyd B Gayle, MD

Mailing Address 23 Clinton Avenue

City Norwood State NY Zip Code 07648-1830

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

Name of Employer Center For Specialty Care Occupation Associate Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2009

Transaction ID: 7ADB8267-2D1E-497A-

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Bahram Ghaderi, MD

Mailing Address 4075 River Ridge Drive

City St. Charles State IL Zip Code 60175-5668

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 12 / 19 / 2009

Transaction ID: 37FF90D1-67C0-4F20-

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Max L Gouverne, MD

Mailing Address 450 Cape Lookout Drive

City State Zip Code
Corpus Christi TX 78412-2636

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

Name of Employer Spohn South Health Plaza
Occupation Physician

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

Date of Receipt

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

Transaction ID: 6CD334F0-8C36-49B5-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard J Greco, MD

Mailing Address 29 Herons Nest

City State Zip Code
Savannah GA 31410-3331

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

Name of Employer Self
Occupation Physician

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

Date of Receipt

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

Transaction ID: 09C0BB18DB4C27BDA11

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Donald W Griffin, MD

Mailing Address 250 25th Avenue N
Suite 316

City State Zip Code
Nashville TN 37203-1657

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

Name of Employer Self
Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	9

Transaction ID: 356F12C1E9D16EAB6A9

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:	PAGE 28 / 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) John E Griggs, MD		Date of Receipt MM / DD / YYYY 11 / 03 / 2009		
	Mailing Address 106 Englewood Road		Transaction ID: 8027745D1752ACD71DB		
	City Longmeadow	State MA	Zip Code 01106-1335	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Karol A Gutowski, MD		Date of Receipt MM / DD / YYYY 09 / 17 / 2009		
	Mailing Address 909 Hidden Cave Road		Transaction ID: 0C7104549A19BFD45FB		
	City Madison	State WI	Zip Code 53717-2759	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northshore University Healthsystem	Occupation Chief of Plastic Sur			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Fred L Hackney, MD		Date of Receipt MM / DD / YYYY 12 / 01 / 2009		
	Mailing Address 6237 Meadow Road		Transaction ID: 18E3B605-42F5-4991-		
	City Dallas	State TX	Zip Code 75230-5138	Amount of Each Receipt this Period 2000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
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 29 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Russell S Haupt, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 1172 Kristeldell Court	Transaction ID: E2CFEFA64DF0647DF6A
	City State Zip Code Murray UT 84123-6949	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Utah Cosmetic Surgery Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Robert J Havlik, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 7043 Fox Hollow Ridge	Transaction ID: 373752A39AD7D1494C7
	City State Zip Code Zionsville IN 46077-8398	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation IN Univ Plas Surg Riley Hosp Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Arden L Hothem, MD	Date of Receipt MM / DD / YYYY 09 / 15 / 2009
	Mailing Address 999 East Lake Drive	Transaction ID: BEF332E268F17E91AA5
	City State Zip Code Gainesville GA 30506-1729	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Christopher J Hussussian, MD

Mailing Address 3295 Montilla Court

City State Zip Code
Brookfield WI 53005-7611

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: 217A23FC-3D4B-4511-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Peter Hyans, MD

Mailing Address 18 Oak Lane

City State Zip Code
Morristown NJ 07960-5633

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: 36C9FCAE2979E49AB6A

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 26712 W 109th Street

City State Zip Code
Olathe KS 66061-7499

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

Name of Employer Hynes Plastic Surgery Center, P.C. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 6 / 2 0 0 9

Transaction ID: 65A7C49F-CF75-4C50-

Amount of Each Receipt this Period
300.00

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: PAGE 31 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ted A Jackson, MD

Mailing Address 11 Norwood Road

City Charleston State WV Zip Code 25314-1326

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 11 / 10 / 2009
Transaction ID: C010CA6C1256FFE5ADC
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Glenn W Jelks, MD

Mailing Address 260 Manor Road

City Ridgewood State NJ Zip Code 07450-4716

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 12 / 14 / 2009
Transaction ID: DAADEC0962464D4F38B
Amount of Each Receipt this Period 500.00

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

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 Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2009
Transaction ID: 4EEDC28958887A3A315
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kenneth M. Jones, MD

Mailing Address 3470 Westridge Place

City State Zip Code
Wenatchee WA 98801

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2009

Transaction ID: A0A39D256C46231D61C

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Loree K. Kalliainen, MD

Mailing Address 7920 Hill Trail Nort

City State Zip Code
Lake Elmo MN 55042

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

Name of Employer Regions Hospital Plastic/- Hand Surgery Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2009

Transaction ID: 0C7D41C3D3CCB879758

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Loree K. Kalliainen, MD

Mailing Address 7920 Hill Trail Nort

City State Zip Code
Lake Elmo MN 55042

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

Name of Employer Regions Hospital Plastic/- Hand Surgery Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
11 / 10 / 2009

Transaction ID: 316308AF70E1CA1FB2F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Brandon E Kallman, MD

Mailing Address 631 Island Road

City Miami State FL Zip Code 33137-3324

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 09 / 10 / 2009
Transaction ID: A21383FAC19ACACE6E4
Amount of Each Receipt this Period 300.00

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

Mailing Address 2121 Eastover Drive

City Jackson State MS Zip Code 39211-6720

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2009
Transaction ID: 96EBC81B2404CF13911
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Steven M Katz, MD

Mailing Address 109 Cherry Drive West

City Plainview State NY Zip Code 11803-2805

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 11 / 17 / 2009
Transaction ID: 8EE4B9832A4C0E3E347
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert E Kearney, MD

Mailing Address 4969 Flaxton Terrace

City State Zip Code
San Diego CA 92130-1417

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: BE554FADAAAD1521464

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Thomas J Kennedy, MD

Mailing Address P.O Box 336

City State Zip Code
Bridgeport WV 26330-0336

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: A82F9BB8BEDB5B854D1

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Joseph L Kiener, MD

Mailing Address 2035 Lakeridge

City State Zip Code
Reno NV 89509

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: 99A97E9131C67AEF5A1

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: PAGE 35 / 82

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David F Klein, MD		Date of Receipt MM / DD / YYYY 12 / 14 / 2009		
	Mailing Address 3140 Chelwood Drive		Transaction ID: 524CEAFA96F143AF23F		
	City Concord	State NC	Zip Code 28027-7855	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Renaissance Plastic Surgery		Occupation Physician		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Andrew N Kornstein, MD		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 47 East 87th Street		Transaction ID: 02F337CB8376095486F		
	City New York	State NY	Zip Code 10128	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self		Occupation Physician		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mitchel D Krieger, MD		Date of Receipt MM / DD / YYYY 10 / 27 / 2009		
	Mailing Address 3703 Broadrun Drive		Transaction ID: 03B9111C0373FC746E5		
	City Fairfax	State VA	Zip Code 22033-2166	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Self		Occupation Physician		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William M Kuzon, MD
 Mailing Address 4665 Fox Sedge Ct.
 City Dexter State MI Zip Code 48130-9373
 Date of Receipt 08 / 31 / 2009
Transaction ID: 40160462-8E2E-4308-
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Val S Lambros, MD
 Mailing Address 860 Rembrandt Usa
 City Laguna Beach State CA Zip Code 92651
 Date of Receipt 11 / 10 / 2009
Transaction ID: A929D5F0D6BEDB45769
 Amount of Each Receipt this Period 1000.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
W. Thomas Lawrence, MD
 Mailing Address 18540 Metcalf Avenue
 City Stillwell State KS Zip Code 66085
 Date of Receipt 07 / 30 / 2009
Transaction ID: D3B88AB15DA1440D16B
 Amount of Each Receipt this Period 150.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Section of Plastic Surgery KUMC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 2150.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Theodore A Lazzaro, MD

Mailing Address 350 Elm Drive

City Greensburg State PA Zip Code 15601-5715

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 6522ED2CA38B9B2AF17

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Charles Sc Lee, MD

Mailing Address 436 North Roxbury Drive

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: B49B912555C653A7456

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Robert D Lewis, MD

Mailing Address Suite 2
4139 Boardman Canfield Road

City Canfield State OH Zip Code 44406

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 6658BC64F35B086E51A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Stephen F Lex, MD		Date of Receipt MM / DD / YYYY 09 / 10 / 2009
Mailing Address 3108 North Joy Lane Usa		Transaction ID: 5BF307FCE5ACFB526EF
City Flagstaff	State AZ	
Zip Code 86001-0968		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Paul J Loverme, MD		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 3 Brook Ridge Court		Transaction ID: DEDEF306-F717-4D65-
City Cedar Grove	State NJ	
Zip Code 07009-1641		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) William E. Loverme, MD		Date of Receipt MM / DD / YYYY 12 / 14 / 2009
Mailing Address 85 Kato Drive		Transaction ID: 73F8B5CA21A4C154040
City Sudbury	State MA	
Zip Code 01776-2446		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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: PAGE 39 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Herluf G Lund, MD

Mailing Address 5 Holiday Lane

City State Zip Code
St. Louis MO 63131

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

Name of Employer Occupation
St. Louis Cosmetic Surgery Physician

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2009

Transaction ID: 1BBD1A548A7C1225638

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Raman Chaos Mahabir, MD

Mailing Address 3010 Ira Young Drive

City State Zip Code
Temple TX 76504-6300

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

Name of Employer Occupation
Self Assistant Professor

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

Date of Receipt

M M / D D / Y Y Y Y
11 / 10 / 2009

Transaction ID: EF43E0560B2564B016D

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lee J Malan, MD

Mailing Address 1638 North Mountain Road

City State Zip Code
North Ogden UT 84404-3346

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

Name of Employer Occupation
Rocky Mountain Plaza Physician

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

Date of Receipt

M M / D D / Y Y Y Y
12 / 14 / 2009

Transaction ID: D7DCB1B2053A9A02E91

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Philip C Marin, MD

Mailing Address 615 West 18th Street

City Pueblo State CO Zip Code 81003-2142

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: MM / DD / YYYY
10 / 27 / 2009

Transaction ID: A8703E876C89E3C8B32

Amount of Each Receipt this Period: 300.00

B.

Full Name (Last, First, Middle Initial)
David E Martin, MD

Mailing Address 201 West Kings Road

City Ada State OK Zip Code 74820-8217

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: MM / DD / YYYY
09 / 03 / 2009

Transaction ID: 60F8190D485703FAC61

Amount of Each Receipt this Period: 300.00

C.

Full Name (Last, First, Middle Initial)
Rosendo E Martinez, MD

Mailing Address Apt. 2 Calle D

City Ponce State PR Zip Code 00730

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: MM / DD / YYYY
08 / 20 / 2009

Transaction ID: 9828549C6021A889B5A

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► **965.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Nathan Mayl, MD

Mailing Address 51 South Compass Drive

City Fort Lauderdale State FL Zip Code 33308-2005

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 11 / 03 / 2009
Transaction ID: 2BCFF74E5CBDA563740
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Lawrence J McCarthy, MD

Mailing Address 3927 Waring Road

City Oceanside State CA Zip Code 92056-4405

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2009
Transaction ID: B3981B961D1E0CE93B4
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
John R McGill, MD

Mailing Address 436 State Street

City Bangor State ME Zip Code 04401

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 / 13 / 2009
Transaction ID: 1E995609F436F2EA254
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Toby R Meltzer, MD

Mailing Address 53 Eagle Crest

City State Zip Code
Lake Oswego OR 97035-1011

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 738D2D1CE5971B92B56

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

William D Merkel, MD

Mailing Address 2136 Baniff Court

City State Zip Code
Grand Junction CO 81507-1032

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: AB7F71AEA2F57B62A12

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas F Mitts, MD

Mailing Address 17331 Avenue 304

City State Zip Code
Visalia CA 93292-9649

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

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

Transaction ID: 0067FEF8E0219992896

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Roger C Mixer, MD

Mailing Address 3630 West Lemont

City State Zip Code
Mequon WI 53092

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2009

Transaction ID: 977F21EAC5B33A9BBB9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Joseph M Mlakar, MD

Mailing Address 10909 Bushnell Court

City State Zip Code
Fort Wayne IN 46845-6143

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2009

Transaction ID: EA1B7D993D1B3DE2A47

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
David L Mobley, MD

Mailing Address 3401 West Forest Lake Circle

City State Zip Code
Sarasota FL 34232-4770

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
12 / 22 / 2009

Transaction ID: F22220CFF189F0E34FF

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David E. Morris, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 1748 N Winchester Avenue	Transaction ID: AA319836CB4EB844D45
	City State Zip Code Chicago IL 60622-1344	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Craniofacial Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Rex Moulton-Barrett, MD	Date of Receipt MM / DD / YYYY 08 / 20 / 2009
	Mailing Address 222 Taurus Avenue	Transaction ID: 826891CE02F758B6D6D
	City State Zip Code Oakland CA 94611	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) A. Kevin Muiderman, MD	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 5659 West Prairiewood Drive	Transaction ID: 2CC30EA66FAFEE7760B
	City State Zip Code Grand Forks ND 58201	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Tru Yu Cosmetic & Plastic Surgery Cntr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	980.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Thomas A Narsete, MD

Mailing Address 3925 Creek Crossing

City State Zip Code
Plano TX 75093-7234

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2009

Transaction ID: 3EFE5EA1414DEF2E969

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Alexander G Nein, MD

Mailing Address 5314 Curlybark Place

City State Zip Code
Brentwood TN 37027-5183

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2009

Transaction ID: 3CE087AAB2AD15A060D

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter C Neligan, MD

Mailing Address 2646 Magnolia Boulevard West

City State Zip Code
Seattle WA 98199-3004

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

Name of Employer University of Washington Medical Cente Occupation
Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 05 / 2009

Transaction ID: 1E400335-CCDD-43ED-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel T Ness, MD

Mailing Address 3509 Sawgrass Court

City State Zip Code
Gastonia NC 28056-6630

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

Name of Employer Occupation
Piedmont Plastic Surgery Center Physician

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

Date of Receipt

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

Transaction ID: 3297B3AFE1972C6ED95

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 1049 Williams Boulevard
Usa

City State Zip Code
Springfield IL 62704

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

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

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 9

Transaction ID: E09AB9FBB7B81CBEB6C

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Martin I Newman, MD

Mailing Address 11223 Northwest 79th Lane

City State Zip Code
Doral FL 33178

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

Name of Employer Occupation
Cleveland Clinic Florida Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

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

Transaction ID: 4D082F52F7B295101D3

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Patrick J O'Neill, MD

Mailing Address 705 Cunningham Street

City Charleston State SC Zip Code 29492-8027

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 12 / 04 / 2009
Transaction ID: F10E64C1-BDCF-44E6-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Lewis J Obi, MD

Mailing Address Suite 604
3599 University Boulevard South

City Jacksonville State FL Zip Code 32216-4245

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 22 / 2009
Transaction ID: 6C993EC716864A82748
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Alfonso Oliva, MD

Mailing Address 224 East Manito Place

City Spokane State WA Zip Code 99203-2363

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 21 / 2009
Transaction ID: 585FBF5CFF89FBC69DE
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard R Orr, MD		Date of Receipt MM / DD / YYYY 12 / 14 / 2009		
	Mailing Address 10510 Wilmington Drive		Transaction ID: AE55B6828E5EA2051F6		
	City Evansville	State IN	Zip Code 47725-9023	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Joanna L Partridge, MD		Date of Receipt MM / DD / YYYY 12 / 03 / 2009		
	Mailing Address 25 Benford Drive		Transaction ID: 8E0B2185E868AED391E		
	City Princeton Junction	State NJ	Zip Code 08550-1330	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Jagruhi C Patel, MD		Date of Receipt MM / DD / YYYY 09 / 22 / 2009		
	Mailing Address 144 Grapevine Road		Transaction ID: DBA9BE45269961E55AF		
	City Wenham	State MA	Zip Code 01984-1703	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Parkhurst Building	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	915.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 82
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Christopher Patronella, MD

Mailing Address 12601 Mossycup

City State Zip Code
Houston TX 77024-4938

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
11 / 17 / 2009

Transaction ID: 7B9E75F50DB8032398A

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Richard F Pavese, MD

Mailing Address 6008 East Sage Drive

City State Zip Code
Scottsdale AZ 85253-6957

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 4F841ECD4BC403BA5B7

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John A Persing, MD

Mailing Address 13 John's Path

City State Zip Code
Madison CT 06443-2081

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

Name of Employer Yale Plastic Surgery Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2009

Transaction ID: EAC5FE18-745E-4F16-

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Linda G Phillips, MD		Date of Receipt MM / DD / YYYY 07 / 27 / 2009
Mailing Address 15823 Sylvan Lake Drive		Transaction ID: 401592D69550C524BE2
City Houston	State Zip Code TX 77062	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Sheryl G Pilcher, MD		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 20423 Terrabianca		Transaction ID: 0B2DA2B5EC59A4EC3CE
City San Antonio	State Zip Code TX 78258	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Alan B Pillersdorf, MD		Date of Receipt MM / DD / YYYY 09 / 29 / 2009
Mailing Address 780 Harbour Isles Court		Transaction ID: 3EB7D0375D05E9D2DA4
City North Palm Beach	State Zip Code FL 33410-4417	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 51 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark A Pinsky, MD

Mailing Address 4 Ocean Harbour Circle
Usa

City State Zip Code
Ocean Ridge FL 33435-6207

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: EE0822A661E78AD085D

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mary Ann Piskun, MD

Mailing Address 7804 Tarry Town

City State Zip Code
Amarillo TX 79121

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: F4FC18EC24EC14A28BA

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Zoran Potparic, MD

Mailing Address 412 Northeast 12th Avenue

City State Zip Code
Fort Lauderdale FL 33301

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: 4D60D672B3D611986D7

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David B Reath, MD	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address 1351 Kensington Drive	Transaction ID: BB18814183E8DEB829E
	City State Zip Code Knoxville TN 37922-0001	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self: Physician Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) W. Bradford Rockwell, MD	Date of Receipt MM / DD / YYYY 10 / 21 / 2009
	Mailing Address 505 East 16th Avenue	Transaction ID: D721638199FA213A908
	City State Zip Code Salt Lake City UT 84103-3305	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self: Chief, Division of P Occupation: Chief, Division of P Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) James N Romanelli, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 4 Smugglers Cove	Transaction ID: 11ECA65061E69DA2EDE
	City State Zip Code Huntington NY 11743-1616	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self: Physician Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 53 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Ernesto J Ruas, MD

Mailing Address 3210 San Nicholas Street

City Tampa State FL Zip Code 33629-5951

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 12 / 14 / 2009
Transaction ID: E3A4A216D462009962B
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Malcolm J Rude, MD

Mailing Address 4744 Johnson Creek Loop

City College Station State TX Zip Code 77845

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2009
Transaction ID: D144537F-4A9F-499D-
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Maja S Ruetschi, MD

Mailing Address 73-121 Fred Waring Drive

City Palm Desert State CA Zip Code 92260

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 27 / 2009
Transaction ID: 2EC49C6A22E1B56CA34
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gary D Salomon, MD

Mailing Address 1099 Ardmore Avenue

City State Zip Code
Oakland CA 94610-1202

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
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: B5889EC682A85C4C7F4

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Kenneth E Salyer, MD

Mailing Address 3840 Turtle Creek Drive

City State Zip Code
Dallas TX 75219

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

Name of Employer World Craniofacial Foundation Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2009

Transaction ID: 200210FD1146EE47A14

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Benjamin Schlechter, MD

Mailing Address 114 Coventry Lane

City State Zip Code
Wyomissing PA 19610-1048

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2009

Transaction ID: EA827F7F-B2D1-4CA4-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Robert Preston Schmid, MD

Mailing Address 4601 8th Street

City Lubbock State TX Zip Code 79416-4704

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

Name of Employer Self Occupation Physician

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

Date of Receipt

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

Transaction ID: 14A6A56BC8931B2FE3E

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)

David P Schnur, MD

Mailing Address 1046 Rosemary Street

City Denver State CO Zip Code 80230-7089

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

Name of Employer Self Occupation Physician

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

Date of Receipt

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

Transaction ID: 60DBE65CDFB27830D6E

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)

Ronald H Schuster, MD

Mailing Address 20 Caveswood Lane

City Owings Mills State MD Zip Code 21117-2914

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

Name of Employer Self Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: 24C0FA9A0440591D7AE

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michele A Shermak, MD	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 305 Overhill Road	Transaction ID: 0B4D6321-ED7A-40A1-
	City State Zip Code Baltimore MD 21210-2905	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer JHBMC Division of Plastic Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Steven A Siciliano, MD	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address #2-B 50 13th Avenue Northeast	Transaction ID: 151DD6A252CAEA5E373
	City State Zip Code Hickory NC 28601-3748	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Steven R Sigalove, MD	Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 215 Taylor Avenue	Transaction ID: 851573F75AD0A74FE99
	City State Zip Code Glen Ellyn IL 60137-5570	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer DuPage Medical Group Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gary A Smith, MD

Mailing Address 3515 North Lakeshore Boulevard

City State Zip Code
Loomis CA 95650-8500

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2009

Transaction ID: 2349DEC8E4854D5D176

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 942 Cherry Valle Lane

City State Zip Code
Williamston MI 48895-9076

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
12 / 02 / 2009

Transaction ID: E0F08C30-380A-4417-

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
E. Clyde Smoot, MD

Mailing Address 821 Bayou Oaks Lane

City State Zip Code
Lake Charles LA 70605-2629

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2009

Transaction ID: E3628B37B2962556AB2

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Mary C Snyder, MD
Mailing Address 50161 Leisure Lane
City State Zip Code
Scottsbluff NE 69361-5521
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 10 / 2009
Transaction ID: 63580F20B1829C3F458
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Aldona J Spiegel, MD
Mailing Address 2727 Barbara Lane
City State Zip Code
Houston TX 77005-3419
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 11 / 17 / 2009
Transaction ID: 8C5ED31E968B80C6294
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Gregory J Stagnone, MD
Mailing Address 6916 Hill Forest Drive
Usa
City State Zip Code
Dallas TX 75230-2345
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 12 / 30 / 2009
Transaction ID: F8360A5C73FF4544713
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Thomas P Sterry, MD

Mailing Address Apt. 3D

City State Zip Code
New York NY 10024

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: 437EB0DB04B1C376151

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brad Storm, MD

Mailing Address 16609 Rosewood Street

City State Zip Code
Stilwell KS 66085-8120

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 9

Transaction ID: 0F8DC590BCD1E39D6CA

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Steven K Struck, MD

Mailing Address 485 Eleanor Drive

City State Zip Code
Woodside CA 94062-1119

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: 6B6EED7AE3339A57A08

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
James M Stuzin, MD

Mailing Address 3225 Aviation Avenue

City State Zip Code
Coconut Grove FL 33133

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: D9E861E4BD8E909C0AE

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Laura A Sudarsky, MD

Mailing Address Highmount Medical Building

City State Zip Code
Upper Nyack NY 10960-1627

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 06FF1BC21AE7D03EBD6

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Steven A Svehlak, MD

Mailing Address Unit# 2

City State Zip Code
Playa Del Rey CA 90293

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

Name of Employer Sunset Cosmetic Surgery Occupation
Sunset Cosmetic Surgery Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2009

Transaction ID: 33F98D236E56F1BB534

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 82
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jeff T Swail, MD		Date of Receipt MM / DD / YYYY 12 / 14 / 2009
Mailing Address 6030 Red Hill Road		Transaction ID: BF8DCADD35E5D8F728B
City Boulder	State Zip Code CO 80302-9406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Steven A Teitelbaum, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
Mailing Address 930 Oakmont Drive		Transaction ID: 4E8A92C4400F6C28428
City Los Angeles	State Zip Code CA 90049-2228	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Sarvam P Terkonda, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
Mailing Address 1337 Moss Creek Drive		Transaction ID: BAA90EF98E69056BEAB
City Jacksonville	State Zip Code FL 32225-2647	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Mayo Clinic Jacksonville	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 62 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
George A Toledo, MD
Mailing Address 3812 Gillon Avenue
City Dallas State TX Zip Code 75205-3115
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 12 / 22 / 2009
Transaction ID: D7005252E4C5C00E400
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Bhupesh Vasisht, MD, FACS
Mailing Address 13 Knottingham Drive
City Voorhees State NJ Zip Code 08043
FEC ID number of contributing federal political committee. **C**
Name of Employer South Shore Plastic Surgery Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 07 / 30 / 2009
Transaction ID: F7C6B0DD0301D1CEBF4
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Nicholas B Vedder, MD
Mailing Address 7580 Southeast 71st Street
City Mercer Island State WA Zip Code 98040
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Washington Occupation Professor & Chief of
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 07 / 20 / 2009
Transaction ID: 55DEA9FE-321D-49C5-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 63 / 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark L Venturi, MD

Mailing Address 3044 Cambridge PI NW

City Washington State DC Zip Code 20007-2913

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 12 / 14 / 2009
Transaction ID: B3CB5AE656F6B375A1B
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Charles N Verheyden, MD

Mailing Address 2271 River Ranch Road

City Temple State TX Zip Code 76502-4203

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

Name of Employer Scott & White Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2009
Transaction ID: CFE4059016F8369016D
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey D Wagner, MD

Mailing Address 12985 Water Ridge Drive

City McCordsville State IN Zip Code 46055-9650

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

Name of Employer Wagner and Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 14 / 2009
Transaction ID: 4FD001BA5C1028C975E
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Simeon H Wall, Jr., MD

Mailing Address 753 Hazelwood Drive

City State Zip Code
Shreveport LA 71106-7213

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 ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2009

Transaction ID: D197BC89029DA125BA5

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Simeon H Wall, Jr., MD

Mailing Address 753 Hazelwood Drive

City State Zip Code
Shreveport LA 71106-7213

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 ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 22 / 2009

Transaction ID: 87F4665AFF9E517D197

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 6383 Grangers Dairy

City State Zip Code
Sacramento CA 95831

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

Name of Employer Mercy Medical Group Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2009

Transaction ID: 2CB331CF-830E-4B68-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 82
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Stewart P Wang, MD

Mailing Address 2817 E Hillside Drive

City State Zip Code
West Covina CA 91791-3764

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 / 29 / 2009
Transaction ID: AA887314D491E41B714
Amount of Each Receipt this Period: 500.00

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

Mailing Address 11 Ross Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 13 / 2009
Transaction ID: A27CE7A816850BB17D7
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
James H Wells, MD

Mailing Address 5748 Madrid Lane

City State Zip Code
Long Beach CA 90814-3221

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: 11 / 10 / 2009
Transaction ID: BE9328B80823B182F90
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 82

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. Jason Wendel, MD

Mailing Address 900 20th Avenue South

City State Zip Code
Nashville TN 37212-2232

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

Name of Employer Occupation
Vanderbilt University Physician

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

Date of Receipt

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

Transaction ID: 9F61E06C8206AE15AB1

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Robert D Wilcox, MD

Mailing Address 5321 Tate Avenue

City State Zip Code
Plano TX 75093-3433

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

Name of Employer Occupation
Self Physician

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

Date of Receipt

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

Transaction ID: 0EA7B5D96ADEFFA2322

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Libby F Wilson, MD

Mailing Address 5076 Atherton Street

City State Zip Code
Long Beach CA 90815

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

Name of Employer Occupation
Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Transaction ID: 11DA005B00471374E7F

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 82

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Timothy S Wilson, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 8708 Raindrop Road		Transaction ID: F7F5B77B4187381F23F
	City Knoxville	State TN	Zip Code 37923-6759
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Denis J Winder, MD		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 284 Willow Drive		Transaction ID: 0815EE3F01441E36041
	City Durango	State CO	Zip Code 81301-7574
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Gregory P Wittpenn, MD		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 2316 Carole Street		Transaction ID: 4B8D4F90-5E0A-466F-
	City Nacogdoches	State TX	Zip Code 75965-2269
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer New Horizons Plastic Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1665.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 82
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Natan Yaker, MD

Mailing Address 5615 Stonecliff Court

City State Zip Code
Dallas TX 75287-7535

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2009

Transaction ID: 7C72473BBD43F7A7DC6

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 400 West End Avenue Apt. 4D

City State Zip Code
New York NY 10024-5751

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2009

Transaction ID: 64D26117703F798C579

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Stephen N Zonca, MD

Mailing Address 15940 Orchard Point Drive

City State Zip Code
Spring Lake MI 49456-2343

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2009

Transaction ID: 9A9DC284191EBC2BA9F

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	83765.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 70 / 82

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

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

A.	Full Name (Last, First, Middle Initial) JP Morgan Chase Mailing Address 1201 South Milwaukee Ave City Libertyville State IL Zip Code 60048 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2233433157B769669BA Date of Disbursement 10 / 02 / 2009 Amount of Each Disbursement this Period 194.49 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) JP Morgan Chase Mailing Address 1201 South Milwaukee Ave City Libertyville State IL Zip Code 60048 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6F009F99242AD7AE182 Date of Disbursement 11 / 03 / 2009 Amount of Each Disbursement this Period 231.61 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) JP Morgan Chase Mailing Address 1201 South Milwaukee Ave City Libertyville State IL Zip Code 60048 Purpose of Disbursement Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 88393472E3543E1ADD1 Date of Disbursement 12 / 02 / 2009 Amount of Each Disbursement this Period 515.53 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

941.63

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

1771.57

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Adler for Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement Contribution Candidate Name John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-6857873797416 Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Berkley for Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement Contribution Candidate Name Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36148-6101190447807 Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign <hr/> Mailing Address PO Box 12612 <hr/> City San Antonio State TX Zip Code 78212 <hr/> Purpose of Disbursement Contribution Candidate Name Charles A. Gonzalez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-1385003924369 Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

A. Full Name (Last, First, Middle Initial) Coburn for Senate 2010 <hr/> Mailing Address Post Office Box 977 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement Contribution Candidate Name Tom A. Coburn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93763-9224359393119 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement Contribution Candidate Name Bart Gordon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-6628534197807 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, the <hr/> Mailing Address PO Box 1444 <hr/> City Ennis State TX Zip Code 75120 <hr/> Purpose of Disbursement Contribution Candidate Name Joe L. Barton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-8370477557182 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

A.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 66111-6568567156791
	Mailing Address 850 Fort Wayne Avenue	Date of Disbursement 08 / 11 / 2009
	City Indianapolis State IN Zip Code 46204	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Evan Bayh	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	
B.	Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: 83728-0637323260307
	Mailing Address 25 East Main Street, Suite 200	Date of Disbursement 07 / 08 / 2009
	City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Every Republican Is Crucial (ERICPAC)	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	
C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 66111-2186548113822
	Mailing Address PO Box 3197	Date of Disbursement 08 / 11 / 2009
	City Little Rock State AR Zip Code 72203	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Blanche Lambert Lincoln	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	

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

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

A. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 Purpose of Disbursement Contribution Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-3252527117729 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/Type
B. Full Name (Last, First, Middle Initial) Friends of John McCain Inc <hr/> Mailing Address PO Box 16664 <hr/> City Arlington State VA Zip Code 22215 Purpose of Disbursement Contribution Candidate Name John McCain Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-7630731463432 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/Type
C. Full Name (Last, First, Middle Initial) Friends of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 Purpose of Disbursement Contribution Candidate Name John R. Thune Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 66111-7797204852104 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	011 Category/Type

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

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

A. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	Transaction ID: 93763-2396661639213 Date of Disbursement <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: 95141-3131219744682 Date of Disbursement <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: 95141-2513543963432 Date of Disbursement <input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

A. Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution Candidate Name Mark Steven Kirk Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-7631341814994 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Maloney for Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement Contribution Candidate Name Carolyn B. Maloney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-5904046893119 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) McConnell Senate Committee '14 <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement Contribution Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93763-3041040301322 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

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

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

A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement Contribution Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-6972925066948 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement Contribution Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 36148-1022149920463 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate <hr/> Mailing Address PO Box 1948 <hr/> City Boise State ID Zip Code 83701 <hr/> Purpose of Disbursement Contribution Candidate Name Michael D. Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 66111-7183191180229 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

A. Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address PO Box 8666 <hr/> City Omaha State NE Zip Code 68108 <hr/> Purpose of Disbursement Contribution Candidate Name E. Benjamin Nelson Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93763-0322687029838 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/Type
B. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Contribution Candidate Name Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93763-3467523455619 Date of Disbursement 11 / 10 / 2009
	Amount of Each Disbursement this Period 2000.00
	011 Category/Type
C. Full Name (Last, First, Middle Initial) People for Patty Murray <hr/> Mailing Address PO Box 3662 <hr/> City Seattle State WA Zip Code 98124 <hr/> Purpose of Disbursement Contribution Candidate Name Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 66111-3698541522026 Date of Disbursement 08 / 11 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/Type

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

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

A. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement Contribution Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-5859796404838 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution Candidate Name Thomas E. Price <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-1234857439994 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City Roswell State GA Zip Code 30077 <hr/> Purpose of Disbursement Contribution Candidate Name Thomas E. Price <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93763-4706231951713 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 80 / 82

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

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

A. Full Name (Last, First, Middle Initial) Rangel for Congress <hr/> Mailing Address PO Box 5577 Manhattanville Sta <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Charles B. Rangel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-9296533465385 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Red Rooster Leadership Pac <hr/> Mailing Address 228 S Washington St Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Red Rooster Leadership Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-1349450945854 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name Richard E. Neal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93763-1844903826713 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

A. Full Name (Last, First, Middle Initial) Spratt for Congress Committee <hr/> Mailing Address PO Box 830 <hr/> City York State SC Zip Code 29745 <hr/> Purpose of Disbursement Contribution Candidate Name John M. Spratt, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-3216211199760 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Tiberi for Congress <hr/> Mailing Address 2931 E Dublin Granville Road Suite 190 <hr/> City Columbus State OH Zip Code 43231 <hr/> Purpose of Disbursement Contribution Candidate Name Pat Tiberi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-4604455828666 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Tim Bishop for Congress <hr/> Mailing Address PO Box 437 <hr/> City Farmingville State NY Zip Code 11738 <hr/> Purpose of Disbursement Contribution Candidate Name Timothy H. Bishop <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 95141-3135339617729 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 82 / 82

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

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

A. Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee <hr/> Mailing Address PO Box 11586 <hr/> City Washington State DC Zip Code 20008 Purpose of Disbursement Contribution Candidate Name Tuesday Group Political Action Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 44629-6963159441948 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) Wyden for Senate <hr/> Mailing Address 232 NE 9th Avenue <hr/> City Portland State OR Zip Code 97232 Purpose of Disbursement Contribution Candidate Name Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: Contribution	Transaction ID: 66111-1529657244682 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 9
	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) ►

94500.00