

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2009 through 06 30 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 07 30 2009

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

Office Use Only FE6AN026 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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		38386.90
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	38386.90									
(c) Total Receipts (from Line 19)	89190.00	89190.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	127576.90	127576.90								
7. Total Disbursements (from Line 31)	40567.30	40567.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87009.60	87009.60								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

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)	72755.00	72755.00
(ii) Unitemized	16435.00	16435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	89190.00	89190.00
(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)	89190.00	89190.00
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))	89190.00	89190.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89190.00	89190.00

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.....	67.30	67.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	67.30	67.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40500.00	40500.00
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))..	40567.30	40567.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40567.30	40567.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	89190.00	89190.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89190.00	89190.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	67.30	67.30
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	67.30	67.30

**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 / 66
	<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) David L. Abramson, MD	Date of Receipt MM / DD / YYYY 06 / 01 / 2009
	Mailing Address P.O Box 636	Transaction ID: 2FDB5101-FF55-4B74-
	City State Zip Code Alpine NJ 07620-0636	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
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) Govind Acharya, MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 7601 North Central	Transaction ID: db03ce6ac2001dc208c
	City State Zip Code Phoenix AZ 85020	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) Robert Louis Adams, MD	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 6070 Wood Way Cove	Transaction ID: d5c59b79b8458d94755
	City State Zip Code Memphis TN 38120	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)	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 8 / 66

(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)

Atul K. Amin, MD

Mailing Address 4441 William Penn 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 ▼

250.00

Date of Receipt

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

Transaction ID: 954a83a3c4a241c580b

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce B. Baker, MD

Mailing Address PO Box 4044

City State Zip Code
Temple TX 76505-4044

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 6 / 2 9 / 2 0 0 9

Transaction ID: c52c314181e0a3d1d4c

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Daniel C. Baker, MD

Mailing Address 65 East 66th Street

City State Zip Code
New York NY 10021

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

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

Transaction ID: 9e58b4560b32f3c63ef

Amount of Each Receipt this Period

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 9 / 66
	(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) C. Bob Basu, MD		Date of Receipt MM / DD / YYYY 05 / 28 / 2009		
	Mailing Address 1511 Missouri Street		Transaction ID: ec07ce01ab9b0caf910		
	City Houston	State TX	Zip Code 77006	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Basu Plastic Surgery	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Keith S. Berman, MD		Date of Receipt MM / DD / YYYY 06 / 29 / 2009		
	Mailing Address 32 Circle Road		Transaction ID: a05cbbba91a31b12a59f		
	City Staten Island	State NY	Zip Code 10304	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Robert F. Bialas, MD		Date of Receipt MM / DD / YYYY 06 / 29 / 2009		
	Mailing Address 59 North Pine Circle		Transaction ID: cc99339348c6c3f4ffd		
	City Belleair	State FL	Zip Code 33756	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 10 / 66
(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)
Michael S. Birndorf, MD

Mailing Address Suite 104
6308 8th Avenue

City Kenosha State WI Zip Code 53143-5031

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
06 / 29 / 2009

Transaction ID: 9aadd77904e03a72078

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Jon B. Bishop, MD

Mailing Address 91 West 620 South

City Orem State UT Zip Code 84058

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
06 / 02 / 2009

Transaction ID: 2b216cca1eeceb0f05a

Amount of Each Receipt this Period
600.00

C.

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

Mailing Address 349 Walkley Hill Road

City Haddam State CT Zip Code 06438

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
05 / 26 / 2009

Transaction ID: e51ef7b4de3a0b7abac

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 66
(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)
Keith E. Brandt, MD

Mailing Address 416 Stallion Hill Court
Usa

City State Zip Code
Chesterfield MO 63005

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
334.00

Date of Receipt: MM / DD / YYYY
02 / 25 / 2009

Transaction ID: eb0da21f639aba0c814

Amount of Each Receipt this Period
334.00

B. Full Name (Last, First, Middle Initial)
Jack G. Bruner, MD

Mailing Address 3741 Random Lane

City State Zip Code
Sacramento CA 95864-1524

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

Name of Employer: Fort Sutter Medical Building
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: MM / DD / YYYY
05 / 11 / 2009

Transaction ID: e4904b393ed09f4cf5d

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jennifer B. Buck, MD

Mailing Address 1252 Greybrooke Place

City State Zip Code
Oldsmar FL 34677

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
06 / 09 / 2009

Transaction ID: d0bf567081e84dee4b9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1334.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 66
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A.

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

Mailing Address Surgery - 1528 Jcp

City Iowa City State IA Zip Code 52246

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

Name of Employer Univ. IA Hosp. Plastic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 7f1fdd93056d4a578ff

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Raymond A. Capone, MD

Mailing Address 101 Field Club Road

City Pittsburgh State PA Zip Code 15238

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 06 / 29 / 2009

Transaction ID: 39c14a29df7d7aa507e

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Holly Casey Wall, MD

Mailing Address 753 Hazelwood Drive

City Shreveport State LA Zip Code 71106

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 06 / 08 / 2009

Transaction ID: 3b071a694974f94d31a

Amount of Each Receipt this Period 300.00

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 13 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Paul S. Cederna, MD		Date of Receipt
	Mailing Address 1860 Samer Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Milan	MI	48160
	FEC ID number of contributing federal political committee. C		Transaction ID: 15ea2d9f1b8de84ed26
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Associate Professor,	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) June S. Chen, MD		Date of Receipt
	Mailing Address 6015 Trailside Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 2 / 2 0 0 9
	City	State	Zip Code
	Park City	UT	84098
	FEC ID number of contributing federal political committee. C		Transaction ID: 11EE4D27-5D55-4E2D-
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Stefan G. Chevalier, MD		Date of Receipt
	Mailing Address 214 Horton Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 0 9
	City	State	Zip Code
	Bloomington	NY	12721
	FEC ID number of contributing federal political committee. C		Transaction ID: 6420f2d603ad02ca2de
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) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
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: (check only one)	PAGE 14 / 66
	<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 A. Chidylo, MD	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 8 Judith Court	Transaction ID: 72e2bb1f25c919eefc8
	City State Zip Code Ocean NJ 07712	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Central Jersey 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) Joseph T. Chun, MD	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 106 Harbor Point Cove	Transaction ID: 21f49cedca434f7adee
	City State Zip Code Lenoir City TN 37772	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) Kevin C. Chung, MD	Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 1250 Bardstown	Transaction ID: C733F7C8-FDFD-448A-
	City State Zip Code Ann Arbor MI 48105	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: <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)	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: (check only one)	PAGE 15 / 66
	<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) Diane L. Colgan, MD		Date of Receipt
	Mailing Address 12509 Split Creek Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	North Potomac	MD	20878
	FEC ID number of contributing federal political committee. C		Transaction ID: 6e78ec7fd7698a2f2e5
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	300.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		300.00	

B.	Full Name (Last, First, Middle Initial) Wm Wade Collison, MD		Date of Receipt
	Mailing Address 2100 Aspen Acres Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Prescott	AZ	86303
	FEC ID number of contributing federal political committee. C		Transaction ID: a0c96ed7d10b53bd820
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	300.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		300.00	

C.	Full Name (Last, First, Middle Initial) Donald R. Conway, MD		Date of Receipt
	Mailing Address 53 Hilltop Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Asheville	NC	28803
	FEC ID number of contributing federal political committee. C		Transaction ID: 5cc185adee5053480fa
Name of Employer Plastic Surgery Center		Occupation	Amount of Each Receipt this Period
Plastic Surgery Center		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼		250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
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 / 66
(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 G. Copeland, MD

Mailing Address 17 Huntington Forest Drive

City State Zip Code
St. Charles MO 63301

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

Name of Employer Copeland Cosmetic Surgery
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2009

Transaction ID: 449261b67df8b787046

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
J. L. Crow, MD

Mailing Address 4211 Walnut

City State Zip Code
Grand Forks ND 58201

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

Name of Employer Red River Plastic Surgery Clinic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2009

Transaction ID: 2a0b614ed0bf9552b3f

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2845 Lillington Drive

City State Zip Code
Sumter SC 29150

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

Name of Employer Iris Surgery Center
Occupation Director Iris Surger

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2009

Transaction ID: 3ed87042ec2703dc62d

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 17 / 66
(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)
Lynn A. Damitz, MD

Mailing Address 4917 Mill Hill Lane

City State Zip Code
Chapel Hill NC 27517

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

Name of Employer
UNC Div of Plastic & Recon Surgery

Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 62d6863a96fab1f02db

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey M. Darrow, MD

Mailing Address 10 Eagle Drive

City State Zip Code
Canton MA 02021

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
04 / 13 / 2009

Transaction ID: 94ee2c8dad0639165ad

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Glenn M. Davis, MD

Mailing Address 1812 Sarazen Place

City State Zip Code
Raleigh NC 27615-5483

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
04 / 06 / 2009

Transaction ID: fe04673765375f834e4

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 18 / 66
(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. De Ramon, MD

Mailing Address 1955 Lambs Gap Road

City State Zip Code
Mechanicsburg PA 17050

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
05 / 26 / 2009

Transaction ID: fa4ed2f5c9b8264a711

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Lynn D. Derby, MD

Mailing Address 16316 North McKinnon Lane
Usa

City State Zip Code
Colbert WA 99005

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
06 / 09 / 2009

Transaction ID: 7181126891c12e39d0b

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Thomas M. Dewire, MD

Mailing Address 4006 Custis Road

City State Zip Code
Richmond VA 23225

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
04 / 14 / 2009

Transaction ID: 93221c5b7690e303a25

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 19 / 66
(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)
Donald M. Ditmars, MD
Mailing Address 455 Lincoln Road
City State Zip Code
Grosse Pointe MI 48230-1608
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 04 / 28 / 2009
Transaction ID: 8b06ad8768868ae055c
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
William L. Dowden, MD
Mailing Address 4529 Crawley Lane
City State Zip Code
Lexington KY 40515
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 06 / 29 / 2009
Transaction ID: b2ca7287ec5517f2862
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Aric J. Eckhardt, MD
Mailing Address 11 Sawgrass
City State Zip Code
Coal Valley IL 61240
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 05 / 11 / 2009
Transaction ID: 1a18dfe44e1c6c85206
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: (check only one)	PAGE 20 / 66		
	<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

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

A.	Full Name (Last, First, Middle Initial) Michael A. Epstein, MD		Date of Receipt
	Mailing Address 26 Timber Lane		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Northbrook	IL	60062
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: 215efec4ff7a4511060
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Audrey E. Farahmand, MD		Date of Receipt
	Mailing Address Unit 605		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fort Myers	FL	33908
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Farahmand Plastic Surgery		Occupation Physician	Transaction ID: 485e77a9a869b563a84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>

C.	Full Name (Last, First, Middle Initial) Jack Fisher, MD		Date of Receipt
	Mailing Address 5867 Fredricksburg Drive		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37215
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: df1a106029f0619fb52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1165.00"/>
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 / 66

(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) Miranda Franco		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 2901 Connecticut Avenue Northwest		Transaction ID: baa72fa03c51ebd7fb9		
	City Washington	State DC	Zip Code 20008	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Society of Plastic Surgeons	Occupation Government Affairs Associate			
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) Harold I. Friedman, MD		Date of Receipt MM / DD / YYYY 04 / 20 / 2009		
	Mailing Address 22 Olde Springs Road		Transaction ID: a5a2276c0ee29ebdcde		
	City Columbia	State SC	Zip Code 29223	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of South Carolina	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) F. Nicholas Gahhos, MD		Date of Receipt MM / DD / YYYY 05 / 11 / 2009		
	Mailing Address 2557 Casey Key Road		Transaction ID: a881823b302c0f706c4		
	City Nokomis	State FL	Zip Code 34275	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			

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<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) Pamela M. Gallagher, MD		Date of Receipt
	Mailing Address 190 East Jericho Turnpike		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mineola	NY	11501
	FEC ID number of contributing federal political committee. C		Transaction ID: 5a9dabc4855adb9226c
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	365.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Daniel Garritano, MD		Date of Receipt
	Mailing Address 7955 Cedar Park Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Canfield	OH	44406
	FEC ID number of contributing federal political committee. C		Transaction ID: 4e19ec48cad6333f2f4
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Nelson F. Gauto, MD		Date of Receipt
	Mailing Address 2105 Windsor Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Marion	IL	92959
	FEC ID number of contributing federal political committee. C		Transaction ID: 0ff6dbc8ecc1cbdec0b
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	250.00
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	
<input type="checkbox"/> Other (specify) ▼			

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 23 / 66
 (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)
Peter E. Gee, MD

Mailing Address

City State Zip Code
Boston MA 02116

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 6 / 0 8 / 2 0 0 9

Transaction ID: eac0bcad591fd996542

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David G. Genecov, MD

Mailing Address 6423 Presonshire Drive

City State Zip Code
Dallas TX 75225

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
 0 6 / 2 9 / 2 0 0 9

Transaction ID: 5f391cd2472e162cab8

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Scot Bradley Glasberg, MD

Mailing Address 900 Park Ave

City State Zip Code
New York NY 10075-0280

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 ▼
2520.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 2 1 / 2 0 0 9

Transaction ID: 5f8a171a216aac78b80

Amount of Each Receipt this Period
2520.00

SUBTOTAL of Receipts This Page (optional) ► **3770.00**

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 24 / 66
(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)
Robert H. Gotkin, MD
Mailing Address 52 Westland Drive
City State Zip Code
Glen Cove NY 11542-1025
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: 04 / 20 / 2009
Transaction ID: d02ac1ef3bd6e65fe1c
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John Robert Griffin, MD
Mailing Address 509 Sonora
City State Zip Code
San Mateo CA 94402
FEC ID number of contributing federal political committee. **C**
Name of Employer Plastic Surgery Associates Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 / 14 / 2009
Transaction ID: 5252ab432872948e330
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Arturo K. Guiloff, MD
Mailing Address 170 Celestial Way 5-3
City State Zip Code
Juno Beach FL 33408
FEC ID number of contributing federal political committee. **C**
Name of Employer Estetica Institute Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 20 / 2009
Transaction ID: 94d432ec8c3da260b90
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 / 66
	(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)
E. Philip Gutek, MD

Mailing Address 28 Le Mans Court

City State Zip Code
Prairie Village KS 66208

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
04 / 20 / 2009

Transaction ID: 8c517a5736c4dd52c58

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Phillip C. Haeck, MD

Mailing Address 1228 Bigelow Avenue North

City State Zip Code
Seattle WA 98109

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
04 / 06 / 2009

Transaction ID: 780a26399ed53b0d50b

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gary D. Hall, MD

Mailing Address 6308 Cooper

City State Zip Code
Shawnee KS 66218

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

Name of Employer Advanced Cosmetic Surgery, PA Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: 5da1f6dee9dae8ef2d3

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 26 / 66
(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)
Elizabeth S. Harris, MD

Mailing Address 30044 Cloudview Drive

City State Zip Code
Bulverde TX 78163

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
06 / 08 / 2009

Transaction ID: e598434be56a04bea87

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Peter T. Hetzler, MD

Mailing Address 200 White Road

City State Zip Code
Little Silver NJ 07739-1150

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
04 / 06 / 2009

Transaction ID: 6412ca929b736b9eab5

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Patrick L. Hodges, MD

Mailing Address 6206 Woodland

City State Zip Code
Dallas TX 75225

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
04 / 27 / 2009

Transaction ID: b220f9492efe23694fd

Amount of Each Receipt this Period
500.00

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 27 / 66

(check only one)

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

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

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

A.

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

Mailing Address 1549 McCullough Lane

City State Zip Code
Virginia Beach VA 23454

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
0 4 / 2 0 / 2 0 0 9

Transaction ID: 5eb3ab50867d9fbf948

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
William H. Huffaker, MD

Mailing Address 134 Pinehurst Estates Drive

City State Zip Code
St. Louis MO 63141-8041

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

Name of Employer St. Louis Cosmetic Surgery Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 1a1a7a9b28fb09141a7

Amount of Each Receipt this Period

1000.00

C.

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

Mailing Address 312 Juniper Lane

City State Zip Code
Ann Arbor MI 48105

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

Name of Employer Self Occupation Physician

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

Date of Receipt

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

Transaction ID: 5aae7e23aa9d5878db2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 66
(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)
Elliot W. Jacobs, MD
 Mailing Address 51 Brook Ridge Road
 City State Zip Code
 New Rochelle NY 10804
 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 04 / 13 / 2009
Transaction ID: 379fa6e2ea3cd018483
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
David A. Janssen, MD
 Mailing Address 3190 Waldwic Lane
 City State Zip Code
 Oshkosh WI 54904
 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 05 / 04 / 2009
Transaction ID: 72fccca10adb649d7eb
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Thomas T. Jeneby, MD
 Mailing Address 221 Lexington Avenue
 City State Zip Code
 San Antonio TX 78215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00
 Date of Receipt 06 / 08 / 2009
Transaction ID: aca7d138cdb23dc09cc
 Amount of Each Receipt this Period 350.00

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 29 / 66

(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)
James S. Kadi, MD

Mailing Address 704 Hood Road

City State Zip Code
Coppell TX 75019

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 4 / 2 0 / 2 0 0 9

Transaction ID: baab7c14b3bf476312

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dean P. Kane, MD

Mailing Address 8 Bellchase Court

City State Zip Code
Baltimore MD 21208

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

Name of Employer The Center for Anti- Aging Medicine & 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 5 / 2 6 / 2 0 0 9

Transaction ID: bd4e19c6d46b5aefb17

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Jonathan Kaplan, MD

Mailing Address 10600 Lakes Boulevard

City State Zip Code
Baton Rouge LA 70810

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

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

Transaction ID: d0dfc10f5c14246c295

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)
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FOR LINE NUMBER: PAGE 30 / 66
(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)
Denise M. Kenna, MD
Mailing Address 700 Woodberry Road
City York State PA Zip Code 17403
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 04 / 20 / 2009
Transaction ID: 1121d17195ddb66481b
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Carolyn L. Kerrigan, MD
Mailing Address 4 Partridge Road
City Etna State NH Zip Code 03750
FEC ID number of contributing federal political committee. **C**
Name of Employer Dartmouth Hitchcock Medical Center Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 05 / 26 / 2009
Transaction ID: B9C69BE5-1179-49FD-
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Robert B. Kevitch, MD
Mailing Address 1519 Jakes Place
City Hellertown State PA Zip Code 18055
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 05 / 19 / 2009
Transaction ID: 86596c4bd858c2bc3f4
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 31 / 66
(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)
Philip C. Kierney, MD
 Mailing Address 15216 135th Avenue E
 City Puyallup State WA Zip Code 98374
 Date of Receipt 06 / 09 / 2009
Transaction ID: aac1237a05dab1d1720
 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

B. Full Name (Last, First, Middle Initial)
Chang Soo Kim, MD
 Mailing Address 5 Dimisa Drive
 City Holmdel State NJ Zip Code 07733
 Date of Receipt 04 / 20 / 2009
Transaction ID: ca30a22a1bce92c124
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Patriots Park Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
K. Alex Kim, MD
 Mailing Address 6119 San Vicente Boulevard
 City Los Angeles State CA Zip Code 90048
 Date of Receipt 06 / 16 / 2009
Transaction ID: d566c5582c0d3512501
 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: Primary General Other (specify)
 Aggregate Year-to-Date 365.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00
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 / 66
(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 M. Kimmel, MD

Mailing Address 1832 Ridgewood Road

City State Zip Code
Orwigsburg PA 17961

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

Name of Employer Occupation
Keystone Cosmetic Surgery Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2009

Transaction ID: 48638090dc895d26a7d

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Neil Elliot Klein, MD

Mailing Address 16365 Ardsley Circle

City State Zip Code
Huntington Beach CA 92649

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
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: 5aa7ab325362dba351d

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Ary Krau, MD

Mailing Address 1143 Kane Concourse

City State Zip Code
Bay Harbor Island FL 33154-2012

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: 7587cae014d28f0f47a

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 66

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brian I. Labow, MD

Mailing Address 410 Lowell Avenue

City State Zip Code
Newton MA 02460

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

Name of Employer
Division of Plastic Surgery

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 4 / 0 7 / 2 0 0 9

Transaction ID: 864d701cfa902cc0608

Amount of Each Receipt this Period

250.00

B.

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

Mailing Address 13460 Inwood Drive

City State Zip Code
Sherman Oaks CA 91423

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 4 / 2 7 / 2 0 0 9

Transaction ID: 84b885f04656fac9c3f

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Philip G. Lambruschi, MD

Mailing Address 7611 Bonnie Ridge Road

City State Zip Code
Crystal Lake IL 60014

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

Name of Employer
Valley Plastic Surgery Center

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 6 / 0 8 / 2 0 0 9

Transaction ID: ddf05d985fcbac2c2ef

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 34 / 66
(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)
Lloyd D. Landsman, MD

Mailing Address 114 Estate Drive

City State Zip Code
Jericho NY 11753

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
06 / 29 / 2009

Transaction ID: cd79658d7ed208d2fc9

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 5 Wedgewood Court

City State Zip Code
Belle Mead NJ 08502

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
02 / 25 / 2009

Transaction ID: a9bcf019f0c68608ec9

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Joanne J. Lenert, MD

Mailing Address 7986 Foxmoor Drive

City State Zip Code
Dunn Loring VA 22027

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
02 / 25 / 2009

Transaction ID: 73d9803d5f1b6b61b2e

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 66
(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)
Dann K. Leonard, MD
 Mailing Address 3545 Eaglecrest Rd. N.W.
 City Salem State OR Zip Code 97304
 Date of Receipt 06 / 09 / 2009
Transaction ID: 0252C773-8E20-428D-
 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)
E. Dwayne Lett, MD
 Mailing Address 169 Mann Road
 City Lebanon State TN Zip Code 37087-927
 Date of Receipt 04 / 13 / 2009
Transaction ID: 8e1f4f0007fe7334208
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Lett Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 300.00

C. Full Name (Last, First, Middle Initial)
George A. Levine, MD
 Mailing Address 199 Arvida Parkway
 City Coral Gables State FL Zip Code 33156
 Date of Receipt 05 / 26 / 2009
Transaction ID: c46d2f1e9face0c90a9
 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

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: (check only one)	PAGE 36 / 66
	<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) Mario G. Loomis, MD	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 8 Sawyers Peak Drive	Transaction ID: ebad44dffe96013e3c0
	City State Zip Code Goshen NY 10924	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) William G. Loutfy, MD	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 12045 Dusty Rose Northeast	Transaction ID: ff0d27dcbd8c5a8f4df
	City State Zip Code Albuquerque NM 87122	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	

C.	Full Name (Last, First, Middle Initial) Marcel M. Malek, MD	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 6152 N Campbell	Transaction ID: 4cd3133e84c4e6bd818
	City State Zip Code Tucson AZ 85718	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	

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 37 / 66
(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)
Pramit S. Malhotra, MD

Mailing Address 7743 Huron River Drive

City State Zip Code
Dexter MI 48130

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 ▼ 251.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: 8e83a12be374e31ea42

Amount of Each Receipt this Period
251.00

B.

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

Mailing Address 1048 Silverhill Drive

City State Zip Code
Lafayette CA 94549

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
05 / 06 / 2009

Transaction ID: CFB0CB40-930F-4A20-

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Marga F. Massey, MD

Mailing Address 505 North Lakeshore Drive

City State Zip Code
Chicago IL 60611

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

Name of Employer The Center for Microsurgical Breast Re Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 4fe170f58a0ab9424c3

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **751.00**

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 / 66

(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)
Michael F. McGuire, MD

Mailing Address 552 Stassi Lane

City State Zip Code
Santa Monica CA 90402-1338

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
0	6		1	5		2	0	0	9

Transaction ID: 3522453E-1D68-42FE-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Basil M. Michaels, MD

Mailing Address 380 East Road

City State Zip Code
Richmond MA 01254

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
0	4		2	0		2	0	0	9

Transaction ID: a78dac1644aa07d83e7

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 11600 Stallion Lane

City State Zip Code
Holly MI 48442

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
0	6		0	2		2	0	0	9

Transaction ID: f2a8463c3ef2a70120f

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: (check only one)	PAGE 39 / 66
	<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) Reza Momeni, MD		Date of Receipt MM / DD / YYYY 04 / 20 / 2009		
	Mailing Address PO Box 7		Transaction ID: 7ded8c4acd3eac82bbc		
	City Summit	State NJ	Zip Code 07902-0007	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Self		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Ramiro Morales, Jr., MD		Date of Receipt MM / DD / YYYY 04 / 09 / 2009		
	Mailing Address 10431 Lone Star Place		Transaction ID: 0218510f38097f43ccd		
	City Davie	State FL	Zip Code 33328	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Self		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Robert X. Murphy, MD		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 110 Windermere Drive Usa		Transaction ID: 03d748185d8e7f45bf6		
	City Blue Bell	State PA	Zip Code 19422-1447	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Self		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66
	<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) Morgan E. Norris, MD		Date of Receipt
	Mailing Address 6906 Sewanee Street		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Houston	TX	77030
	FEC ID number of contributing federal political committee. C		Transaction ID: 2129f481f24cedef17c
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="300.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) John J. O'Brien, MD		Date of Receipt
	Mailing Address 7719 Hunter Lane		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pinellas Park	FL	33782
	FEC ID number of contributing federal political committee. C		Transaction ID: 6bf050bd8013bad5a2c
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Renee Bennett O'Sullivan, MD		Date of Receipt
	Mailing Address 14 Denton Road		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wellesley	MA	02482-6405
	FEC ID number of contributing federal political committee. C		Transaction ID: 9c73e96f728d3c3d222
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="300.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="850.00"/>
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 41 / 66
(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)
Kenneth L. Odinet, MD

Mailing Address 501 West St. Mary

City State Zip Code
Lafayette LA 70506

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
04 / 20 / 2009

Transaction ID: ae43bd0b2e0f7ccdf86

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John M. Osborn, MD

Mailing Address 824 Robin Lane

City State Zip Code
Sacramento CA 95864

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
05 / 11 / 2009

Transaction ID: fa737600be34f63f206

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Steven E. Ozeran, MD

Mailing Address 7525 Amber View Court

City State Zip Code
Lewiston ID 83501

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
04 / 20 / 2009

Transaction ID: e4e3215da2348df63f7

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 42 / 66

(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)
Simona V. Pautler, MD

Mailing Address 1504 Fox Chase Lane

City State Zip Code
Pittsburgh PA 15241

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

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

Transaction ID: b4295d7a0a5c950fab4

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Galen Perdakis, MD

Mailing Address 810 Oceanfront

City State Zip Code
Neptune Beach FL 32266

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

Name of Employer Mayo Clinic Jacksonville 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 6 / 1 1 / 2 0 0 9

Transaction ID: 335f155206721f59624

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Howard J. Perofsky, MD

Mailing Address 5052 Oxford Road

City State Zip Code
Macon GA 31210

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: 079e6a0545b59600329

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)

1015.00

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 43 / 66
	<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) James L. Pertsch, MD		Date of Receipt
	Mailing Address 1550 Lakeview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2009
	City Hillsborough	State CA	Zip Code 94010-7331
	FEC ID number of contributing federal political committee. C		Transaction ID: 77c975f8b176149ce5
	Name of Employer Self		Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 400.00

B.	Full Name (Last, First, Middle Initial) Mary Lee Peters, MD		Date of Receipt
	Mailing Address 168 Lake Washington Boulevard E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 25 / 2009
	City Seattle	State WA	Zip Code 98112
	FEC ID number of contributing federal political committee. C		Transaction ID: abff8f504ed598d5d69
	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	Amount of Each Receipt this Period 300.00

C.	Full Name (Last, First, Middle Initial) L. Elizabeth Peterson, MD		Date of Receipt
	Mailing Address PO Box #8168		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 14 / 2009
	City Spokane	State WA	Zip Code 99203-0168
	FEC ID number of contributing federal political committee. C		Transaction ID: 8e633483b347d27703a
	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	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 66

(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)

Stacy L. Peterson, MD

Mailing Address 14112 Pinnacle Drive

City State Zip Code
Wichita KS 67230

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

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

Transaction ID: f8bf00c43248936e9f1

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Otto J. Placik, MD

Mailing Address 2732 Woodland Drive

City State Zip Code
Northbrook IL 60062

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

Name of Employer Associated Plastic Surgeons, S.C. 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
0 4 / 2 7 / 2 0 0 9

Transaction ID: 070b2ee1010223f5fb7

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Byron D. Poindexter, MD

Mailing Address 20940 Turner Farm Lane

City State Zip Code
Leesburg VA 20175

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
0 6 / 1 8 / 2 0 0 9

Transaction ID: 9e5d006c98c39d5bb5e

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 / 66
(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)
Harlan Pollock, MD

Mailing Address 7116 Hill Forest Drive

City State Zip Code
Dallas TX 75230

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
04 / 20 / 2009

Transaction ID: 9361d798dc9e00b6ff2

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Paul Pomerantz

Mailing Address 444 E Algonquin Road

City State Zip Code
Arlington Heights IL 60005

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

Name of Employer Self Occupation
Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 2281484cebeba920c26

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Elsa M. Raskin, MD

Mailing Address 230 Taconic Road

City State Zip Code
Greenwich CT 06831

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
04 / 20 / 2009

Transaction ID: 0c25381622e531693fb

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 66
	<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) Rene F. Recinos, MD	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 2909 Morning Star Court	Transaction ID: 5a0437825c3370151d4
	City State Zip Code Mason City IA 50401	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) Robert D. Rehnke, MD	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address 3011 82nd Way North	Transaction ID: ac0e80ac0ecbe17431f
	City State Zip Code St. Petersburg FL 33713	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) Christine Rohde, MD	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 52 Park Circle	Transaction ID: 742547fafa0d6f3d990
	City State Zip Code White Plains NY 10603	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 47 / 66
(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)
Regina L. Rosenthal, MD
Mailing Address 1064 Miller Avenue
City Berkeley State CA Zip Code 94708
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 02 / 25 / 2009
Transaction ID: d5c2dbfacd90376bd43
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Malcolm Z. Roth, MD
Mailing Address 1003 Colony Drive Usa
City Hartsdale State NY Zip Code 10530-1719
FEC ID number of contributing federal political committee. **C**
Name of Employer Maimonides Medical Center Occupation Director, Division o
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 14 / 2009
Transaction ID: 7b84dfc89049d6c61ac
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Leonard A. Roudner, MD
Mailing Address 14 South Hibiscus Drive
City Miami Beach State FL Zip Code 33139
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 04 / 27 / 2009
Transaction ID: e07322e3a1e8aa5c05a
Amount of Each Receipt this Period 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 48 / 66

(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)
Petra R. Schneider-Redden, MD

Mailing Address One Sailfish Circle

City State Zip Code
Hattiesburg MS 39402

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
0 4 / 0 6 / 2 0 0 9

Transaction ID: 16ecb4f2b58d0d62923

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Steven H. Schuster, MD

Mailing Address 17236 Courtland Lane

City State Zip Code
Boca Raton FL 33496-2696

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
0 6 / 1 1 / 2 0 0 9

Transaction ID: be9c4b6cf7c86254f44

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Peter L. Schwartz, MD

Mailing Address 143 Froehlich Farm Boulevard

City State Zip Code
Woodbury NY 11797

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
0 4 / 2 8 / 2 0 0 9

Transaction ID: e3c51661cd428101752

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 49 / 66
(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 Seward

Mailing Address 444 E Algonquin Road

City State Zip Code
Evanston IL 60201

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

Name of Employer Self Occupation
Director Of Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 22b0e729882016c0fca

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 6000 Belle Rive Drive

City State Zip Code
Brentwood TN 37027

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

Name of Employer Vanderbilt Medical Center Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2009

Transaction ID: eaa40a22a4fc4a0aab8

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Carol S. Shapiro, MD

Mailing Address 7822 Gingerbread Lane

City State Zip Code
Fairfax Station VA 22039

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
04 / 20 / 2009

Transaction ID: 382d0a3377426f3a7f5

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 50 / 66

(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)
Carol S. Shapiro, MD

Mailing Address 7822 Gingerbread Lane

City State Zip Code
Fairfax Station VA 22039

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
0 6 / 1 1 / 2 0 0 9

Transaction ID: 0e8abadb99a767270d

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lori Shoaf

Mailing Address

City State Zip Code

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

Name of Employer American Society of Plastic Surgeons Occupation
Director, Federal Government Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: af499954dbf6823963c

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Samir F. Shureih, MD

Mailing Address 11815 Far Edge Path

City State Zip Code
Columbia MD 21044

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 5 / 1 9 / 2 0 0 9

Transaction ID: a09834610d84a291694

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 51 / 66
(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)
Robert K. Sigal, MD
Mailing Address 2610 Geneva Hill Court
City State Zip Code
Oakton VA 22124
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 06 / 18 / 2009
Transaction ID: 9d30707e4073c06899b
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Charles T. Slack, MD
Mailing Address 1300 Westmont Drive
City State Zip Code
McKinney TX 75070
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 06 / 08 / 2009
Transaction ID: 6c8a3031900662d34a9
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Richard M. Sleeper, MD
Mailing Address 15 Sleepy Hollow Lane
City State Zip Code
New Hartford NY 13413
FEC ID number of contributing federal political committee. **C**
Name of Employer Kellogg Road Professional Plaza Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 08 / 2009
Transaction ID: 904aa9815bcac3cebea
Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brian H. Slywka, MD	Date of Receipt MM / DD / YYYY 06 / 09 / 2009
	Mailing Address 531 Oakhampton Street	Transaction ID: 43246ac25b38543d7c5
	City State Zip Code Thousand Oaks CA 91361	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) Lane F. Smith, MD	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 3627 South 100 West	Transaction ID: 574c3ba575b0e6ffb1f
	City State Zip Code Bountiful UT 84010	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

C.	Full Name (Last, First, Middle Initial) Gary A. Smotrlich, MD	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 4 Grace Hill Court	Transaction ID: 64162a0cef8fe6a7af5
	City State Zip Code Titusville NJ 08560	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Lawrenceville Plastic Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 53 / 66
	<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) Lisa L. Sowder, MD	Date of Receipt MM / DD / YYYY 06 / 16 / 2009
	Mailing Address 201 Newell Street	Transaction ID: 66afbb04a17dad72f30
	City State Zip Code Seattle WA 98109	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
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) Alexander Spiess, MD	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 3155 Canterbury Drive	Transaction ID: 487d2d19d93148d75ac
	City State Zip Code Allison Park PA 15101	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Allegheny General Hospital 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) David R. Stephens, MD	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 10687 Northeast 2nd Street	Transaction ID: 559760fba11719e4523
	City State Zip Code Bellevue WA 98004-5727	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self 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)	▶	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 54 / 66
	<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) Leslie H. Stevens, MD		Date of Receipt MM / DD / YYYY 06 / 29 / 2009		
	Mailing Address 740 Tigertail Road		Transaction ID: 1b7497b4d5d46f68f67		
	City Los Angeles	State CA	Zip Code 90049	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) John P. Stratis, MD		Date of Receipt MM / DD / YYYY 06 / 08 / 2009		
	Mailing Address 2870 Ford Farm Road		Transaction ID: 7af8a68aee57c0a100		
	City Mechanicsburg	State PA	Zip Code 17055	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			

C.	Full Name (Last, First, Middle Initial) William D. Strinden, MD		Date of Receipt MM / DD / YYYY 05 / 19 / 2009		
	Mailing Address 1402 Mulberry Court		Transaction ID: dd64ef85d672c4c2534		
	City Lufkin	State TX	Zip Code 75904	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lufkin Plastic Surgery	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)	▶	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 55 / 66
(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 Suzman, MD
Mailing Address 5 Elm Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
The Westchester Medical Group Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009
Transaction ID: 8073a5712ff6ff2f14e
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Gregory M. Swank, MD
Mailing Address 5141 Hurricane Hill Road

City State Zip Code
Granite Falls NC 28630

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

Name of Employer Occupation
Piedmont Plastic Surgery & Dermatology Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2009
Transaction ID: 26304C56-021A-4226-
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Linda L. Swanson, MD
Mailing Address 25511 Veronica Lane

City State Zip Code
Lomita CA 90717

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
MM / DD / YYYY
04 / 20 / 2009
Transaction ID: 768585048cdd1b20a68
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 56 / 66
	(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) Anne Taylor, MD		Date of Receipt
	Mailing Address 1880 Abbotsford Green Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Physician	Transaction ID: 80c7692d224ee09e05c
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1000.00	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Richard Tepper, MD		Date of Receipt
	Mailing Address 10 Langtree Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 9 / 2 0 0 9
	City	State	Zip Code
	Livingston	NY	07039
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Physician	Transaction ID: a7c310edecebe7066f9
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 500.00	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Anthony P. Tufaro, MD		Date of Receipt
	Mailing Address 179 Gittings Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 6 / 2 0 0 9
	City	State	Zip Code
	Baltimore	MD	21212
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Physician	Transaction ID: d7f2ff6a0b3754ad3f1
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 300.00	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
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: (check only one)	PAGE 57 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Fredrick A. Valauri, MD	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 65 East 76th Street #4A Usa	Transaction ID: 2e80055d22d95fe79b0
	City State Zip Code New York NY 10021	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

B.	Full Name (Last, First, Middle Initial) Seung-Yeun Waitze, MD	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 94 Grey Rock Road	Transaction ID: 20977ce95ade823417a
	City State Zip Code Southbury CT 06488	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) George W. Weston, MD	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 830 Nethercliffe Hall Road	Transaction ID: 12d012048d7116b3ec3
	City State Zip Code Great Falls VA 22066	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

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
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 / 66
(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)
Andrew M. Wexler, MD

Mailing Address 17660 Camino De Yatasto

City State Zip Code
Pacific Palisades CA 90272

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 11083c3f08e9cae97ac

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bruce I. White, MD

Mailing Address 5 University Lane

City State Zip Code
St. Louis MO 63105-2233

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

Name of Employer St. Louis Cosmetic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 795f7839fe73244f6b0

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert M. Whitfield, MD

Mailing Address 1109 East Circle Drive

City State Zip Code
Whitefish Bay WI 53217

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

Name of Employer Self Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2009

Transaction ID: d72581a967437fc6c22

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 59 / 66

(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)
Fred Wilder, MD

Mailing Address 3405 Wandering Meadows

City State Zip Code
Austin TX 78746

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
0 6 / 0 8 / 2 0 0 9

Transaction ID: 4eb7de91d0ffce75299

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Joel A. Williams, MD

Mailing Address 1906 Wycliffe

City State Zip Code
Dalton GA 30720

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
0 6 / 1 6 / 2 0 0 9

Transaction ID: def904420a151523d16

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
William J. Wyatt, MD

Mailing Address 6219 Mountain View

City State Zip Code
Cheyenne WY 82009

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 4 / 2 0 / 2 0 0 9

Transaction ID: eecbf7a86ee2eda16b

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 66
	(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) Leonard T. Yu, MD		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
	Mailing Address 4303 Hana Highway		Transaction ID: 882e69b84e5dafdf508
	City Haiku	State HI	Zip Code 96708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Richard J. Zienowicz, MD		Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address One Castle Hill Avenue Usa		Transaction ID: a96fa8742db4b32d1e4
	City Newport	State RI	Zip Code 02840
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) James E. Zins, MD		Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 7779 Battles Road		Transaction ID: 8f77d71420e97ad300b
	City Gates Mills	State OH	Zip Code 44040
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Cleveland Clinic Foundati- on	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)	▶	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 61 / 66	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Paul C. Zwiebel, MD		Date of Receipt	
	Mailing Address 5311 East Hinsdale Court		M M / D D / Y Y Y Y 05 / 11 / 2009	
	City	State	Zip Code	Transaction ID: 2afeb2e80c1897db472
	Littleton	CO	80122-2320	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		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		

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	72755.00

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)

<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

<p>A. Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement Contribution Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 05797-4296686053276</p> <p>Date of Disbursement MM / DD / YYYY 03 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Big Tent Pac</p> <p>Mailing Address 1155 21st Street, NW Suite 300</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement Contribution Candidate Name Big Tent Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 88465-3034326434135</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bluegrass Committee</p> <p>Mailing Address 400 N Capitol St NW #585 #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Contribution Candidate Name Bluegrass Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p>Transaction ID: 88465-1695825457572</p> <p>Date of Disbursement MM / DD / YYYY 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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 63 / 66

<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) Citizens for Arlen Specter	Transaction ID: 88465-3258783221244
	Mailing Address 236 Massachusetts Avenue NE	Date of Disbursement 02 / 06 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Arlen Specter	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	Transaction ID: 88465-8157922625541
	Mailing Address 6380 Wilshire Blvd. #1612	Date of Disbursement 02 / 06 / 2009
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution Candidate Name Henry A. Waxman	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	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 05 / 12 / 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 State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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) Friends for Harry Reid Mailing Address PO Box 19163 City Las Vegas State NV Zip Code 89132 Purpose of Disbursement Contribution Candidate Name Harry M. Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 88465-1212427020072 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 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) ▼
B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt Mailing Address PO Box 50100 PO Box 50100 City Springfield State MO Zip Code 65805 Purpose of Disbursement Contribution Candidate Name Roy D. Blunt Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 05797-6007196307182 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 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) John Shadeggs Friends Mailing Address PO Box 45444 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement Contribution Candidate Name John Shadegg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 05797-5317651629447 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 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) ▶

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)

PAGE 65 / 66

<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 Congress <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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 05797-7131769061088 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Pac To the Future <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution Candidate Name Pac To the Future 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: 41157-8685724139213 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Contribution
C. 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: 88465-4679681658744 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 3000.00
	Category/Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 66

<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

Transaction ID: 44629-6963159441948

Date of Disbursement

Mailing Address PO Box 11586

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

City Washington State DC Zip Code 20008

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
Tuesday Group Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District:

Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

40500.00
