

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 03 31 2010

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 04 15 2010

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

Office Use Only **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	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		97617.46
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	97617.46									
(c) Total Receipts (from Line 19)	57735.00	57735.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	155352.46	155352.46								
7. Total Disbursements (from Line 31)	-9595.48	-9595.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	164947.94	164947.94								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: To:

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)	47842.50	47842.50
(ii) Unitemized	9892.50	9892.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	57735.00	57735.00
(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)	57735.00	57735.00
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))	57735.00	57735.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57735.00	57735.00

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.....	904.52	904.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	904.52	904.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-10500.00	-10500.00
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))..	-9595.48	-9595.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-9595.48	-9595.48

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)	57735.00	57735.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57735.00	57735.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	904.52	904.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	904.52	904.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 50
(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) David W Allison, MD		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
Mailing Address Suite 208 7915 Lake Manassas Drive		Transaction ID: D737536D442756FE654
City Gainesville	State VA	Zip Code 20155
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	

B.

Full Name (Last, First, Middle Initial) C. Bob Basu, MD		Date of Receipt MM / DD / YYYY 03 / 11 / 2010
Mailing Address Suite 2100 6400 Fannin		Transaction ID: C5B7ACFA-C66C-4146-
City Houston	State TX	Zip Code 77030
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Basu Plastic Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Alan M Bienstock, MD		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
Mailing Address Suite 1E 19 East 80th Street		Transaction ID: 207768522426E0B6411
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	1490.00
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 / 50

(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 State Zip Code
Kenosha WI 53143-5031

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 01 / 2010

Transaction ID: 984BF961D96F19880CC

Amount of Each Receipt this Period
400.00

B.

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

Mailing Address 85 Church St

City State Zip Code
Middletown CT 06457-3647

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

Name of Employer Self Occupation
Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2010

Transaction ID: 04FA73BE39C55B9D56F

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mark T Boschert, MD

Mailing Address 145 St. Peters Centre Boulevard

City State Zip Code
St. Peters MO 63376-5103

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

Name of Employer Self Occupation
Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y
01 / 26 / 2010

Transaction ID: 2C6D9C4D5787DFE7C17

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 9 / 50
(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)
Jack G Bruner, MD

Mailing Address Suite 200
2801 K Sreet

City State Zip Code
Sacramento CA 95816

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Fort Sutter Medical Build- ing Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2010

Transaction ID: 9FD8DA15B048CB68DF7

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Elisa A Burgess, MD

Mailing Address Suite 101
16865 Boones Ferry Road

City State Zip Code
Lake Oswego OR 97035

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2010

Transaction ID: 705A42B75BAAA8F6F24

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
M. Bradley Calobrace, MD

Mailing Address 2341 Lime Kiln Lane

City State Zip Code
Louisville KY 40222-3460

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2010

Transaction ID: 58BC4867B3370E01A7F

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: (check only one)	PAGE 10 / 50		
	<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) Guy Cappuccino		Date of Receipt	
	Mailing Address Suite 3A 1001 Twin Arch Road		M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: D337220A9E8818B1353
	Mount Airy	MD	21771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		250.00		

B.	Full Name (Last, First, Middle Initial) Holly Casey Wall, MD		Date of Receipt	
	Mailing Address 8600 Fern Avenue		M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: B502A7048C256F87B9E
	Shreveport	LA	71105-5639	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00		

C.	Full Name (Last, First, Middle Initial) Paul S Cederna, MD		Date of Receipt	
	Mailing Address Tc2130SpC5340 1500 East Medical Center Drive		M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: FFF904D592EA885CD2B
	Ann Arbor	MI	48109-0340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Self Occupation Associate Professor,		Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		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 11 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Paul E Chasan, MD

Mailing Address Suite 880
9850 Genesee Avenue

City State Zip Code
La Jolla CA 92037-1208

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 / 18 / 2010

Transaction ID: 68E12958F7206425572

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Suite 175
7240 South Highland Drive

City State Zip Code
Salt Lake City UT 84121

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
01 / 26 / 2010

Transaction ID: BBD98175100BE924A31

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Lori L Cherup, MD

Mailing Address 701 Boyce Road at Washington Pike

City State Zip Code
Bridgeville PA 15017

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

Name of Employer Radiance Plastic Surgery Occupation
Radiance Plastic Surgery CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2010

Transaction ID: 300659FD7A79B9F854C

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 12 / 50
(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)
Madhukar G Chhatre, MD

Mailing Address 3151 Northeast Carnegie Drive

City State Zip Code
Lee's Summit MO 64064-3215

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
02 / 09 / 2010

Transaction ID: A28FAAB5383011321FB

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Stephen A Chidylo, MD

Mailing Address Suite 106
107 Monmouth Road

City State Zip Code
West Long Branch NJ 07764

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

Name of Employer Central Jersey Plastic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: 17B1D5BD36CB5418075

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Stephen H Colbert, MD

Mailing Address M349, Division of Plastic Surgery

City State Zip Code
Columbia MO 65212-0001

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 647A707B30134977609

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 50
	<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 MM / DD / YYYY 02 / 24 / 2010
	Mailing Address Suite 105 9800 Falls Road	Transaction ID: 9BE9D329BD0064F3222
	City Potomac State MD Zip Code 20854-3999	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) E. Dale Collins, MD	Date of Receipt MM / DD / YYYY 01 / 19 / 2010
	Mailing Address One Medical Center Drive	Transaction ID: E8A250CAF73228AC31A
	City Lebanon State NH Zip Code 03756-1000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dartmouth-Hitchcock Clinic Occupation Medical Director, Co	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

C.	Full Name (Last, First, Middle Initial) E. Dale Collins, MD	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address One Medical Center Drive	Transaction ID: 55C79243510B870DF2B
	City Lebanon State NH Zip Code 03756-1000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dartmouth-Hitchcock Clinic Occupation Medical Director, Co	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 50

(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)
E. Dale Collins, MD

Mailing Address One Medical Center Drive

City State Zip Code
Lebanon NH 03756-1000

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

Name of Employer Occupation
Dartmouth-Hitchcock Clinic Medical Director, Co

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2010

Transaction ID: 0A61EA99B96E1516B33

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Mark H Craig, MD

Mailing Address 607 Garfield Street

City State Zip Code
Tupelo MS 38801-6337

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

Name of Employer Occupation
Accent Plastic & Recon. Surg. PLLC Physician

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

Date of Receipt

M M / D D / Y Y Y Y
02 / 09 / 2010

Transaction ID: 6C409B22F6472922C2E

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address 1428 Central Avenue Northeast

City State Zip Code
East Grand Forks MN 56721-1605

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

Name of Employer Occupation
Red River Plastic Surgery Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y
02 / 24 / 2010

Transaction ID: 7B147A262F796AC437E

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Gary R Culbertson, MD

Mailing Address 18 Miller Road

City State Zip Code
Sumter SC 29150-2403

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

Name of Employer Occupation
Iris Surgery Center Director Iris Surger

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

Date of Receipt

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

Transaction ID: 5B8973DB-F0F1-4CB9-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lee B Daniel, MD

Mailing Address 244 Country Club Rd

City State Zip Code
Eugene OR 97401-2200

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

Name of Employer Occupation
Self Physician

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

Date of Receipt

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

Transaction ID: 1CE5B090B7E950B5378

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William H Dascombe, MD

Mailing Address Georgia Inst. for Plastic Surgery
5361 Reynolds Street

City State Zip Code
Savannah GA 31405-6014

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

Name of Employer Occupation
Self Physician

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

Date of Receipt

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

Transaction ID: AE98DE8D08D4F06B110

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: (check only one)	PAGE 16 / 50
	<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		Date of Receipt
	Mailing Address Suite 303 2025 Technology Parkway		<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 2 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Mechanicsburg	PA	17050
	FEC ID number of contributing federal political committee. C		Transaction ID: 31F9C68CAA78C0A9B8B
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="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) John Wm. Derr, MD		Date of Receipt
	Mailing Address Suite 320 4001 Kresge Way		<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 1 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Louisville	KY	40207
	FEC ID number of contributing federal political committee. C		Transaction ID: 6C0174C9AEBDC581E19
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="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mark F Deutsch, MD		Date of Receipt
	Mailing Address 980 Johnson Ferry Road Suite 760		<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 1 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Atlanta	GA	30342-1626
	FEC ID number of contributing federal political committee. C		Transaction ID: 436D5423869F30274EC
Name of Employer Perimeter Plastic Surgery		Occupation	Amount of Each Receipt this Period
Perimeter Plastic Surgery		Physician	<input type="text"/>
Receipt For:		Aggregate Year-to-Date ▼	300.00
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 17 / 50
(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)
Joseph J Disa, MD

Mailing Address 1275 York Avenue

City State Zip Code
New York NY 10065-6007

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 / 09 / 2010

Transaction ID: A434587B1F38704232E

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Donald M Ditmars, MD

Mailing Address Plastic Surgery Clinic
2799 West Grand Boulevard

City State Zip Code
Detroit MI 48202-2608

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
02 / 09 / 2010

Transaction ID: 01D7D0C47585C774C04

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 650
200 South Manchester Avenue

City State Zip Code
Orange CA 92868

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

Name of Employer Aesthetic & Plastic Surgery Institute Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 3C9C94B22D2794D5BAF

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 / 50
(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)
Douglas L Forman, MD

Mailing Address 11210 Old Georgetown Road

City State Zip Code
North Bethesda MD 20852-3202

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
03 / 01 / 2010

Transaction ID: 653DF9936F21D01B647

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Daniel Garritano, MD

Mailing Address Suite 2
4139 Boardman-Canfield Road

City State Zip Code
Canfield OH 44406-9149

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 / 24 / 2010

Transaction ID: F965271F37DDD0B4514

Amount of Each Receipt this Period
250.00

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

Mailing Address Suite 412
1800 Town Center Drive

City State Zip Code
Reston VA 20190

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

Name of Employer New Image Plastic Surgery Associates, Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: 7748E34753155A8B5BE

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: (check only one)	PAGE 19 / 50
	<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)
Nelson F Gauto, MD

Mailing Address 3314 Patriot Court

City State Zip Code
Herrin IL 62948-3782

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: 03 / 16 / 2010
Transaction ID: D6809013CA441ADFC8A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Bryan W Gawley, MD

Mailing Address 8913 East Bell Road Suite 101

City State Zip Code
Scottsdale AZ 85260-1598

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

Name of Employer Gawley Plastic Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 09 / 2010
Transaction ID: 4B37E0405F759D1B638
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Antonio J Gayoso, MD

Mailing Address 1515 22nd Ave N

City State Zip Code
Saint Petersburg FL 33704-3113

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: 03 / 30 / 2010
Transaction ID: 3058BEEFDF587590B0A
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 50
(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) Arturo K Guiloff, MD		Date of Receipt MM / DD / YYYY 02 / 24 / 2010
Mailing Address Suite 100 2865 Pga Boulevard		Transaction ID: 6C1EBF0E646005CBC4D
City Palm Beach Gardens	State Zip Code FL 33410-2910	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Estetica Institute	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Jack P Gunter, MD		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
Mailing Address Suite 170 8144 Walnut Hill Lane		Transaction ID: 0973A5CF16131E81F37
City Dallas	State Zip Code TX 75231	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) E. Philip Gutek, MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address 11501 Granada Ln		Transaction ID: 20960AE1E0360B6E6BF
City Leawood	State Zip Code KS 66211-1454	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 187.50
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)	▶	687.50
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 50
(check only one)

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

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

A.

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

Mailing Address Suite 1650
901 Boren Avenue

City State Zip Code
Seattle WA 98104-3508

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
02 / 24 / 2010

Transaction ID: A258F5D54E590534DFE

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address Suite 216
11401 Nall Avenue

City State Zip Code
Leawood KS 66211

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 37B4CCEB24639AA8D99

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 216
11401 Nall Avenue

City State Zip Code
Leawood KS 66211

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2010

Transaction ID: 9FD4E0F0-40A1-4530-

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 22 / 50
(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 D Horowitz, MD

Mailing Address Suite 106
9106 Philadelphia Road

City State Zip Code
Baltimore MD 21237

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
02 / 09 / 2010

Transaction ID: 52F5D7DC7C5026338CB

Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address Suite 300
17300 North Outer 40 Road

City State Zip Code
St. Louis MO 63005-1364

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 ▼ 2000.00

Date of Receipt: MM / DD / YYYY
03 / 25 / 2010

Transaction ID: B2E2DF0C-06BF-4990-

Amount of Each Receipt this Period: 2000.00

C.

Full Name (Last, First, Middle Initial)
Elliot W Jacobs, MD

Mailing Address 815 Park Avenue

City State Zip Code
New York NY 10021-3276

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
03 / 08 / 2010

Transaction ID: BD2EEC8D84E4C1F047E

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 / 50
(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)
Jeffrey E Janis, MD

Mailing Address Wa4.240
1801 Inwood Road

City State Zip Code
Dallas TX 75390-0001

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

Name of Employer Occupation
UTSW Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 9AB2B8308641586190D

Amount of Each Receipt this Period
250.00

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

Mailing Address 95 Scripps Dr

City State Zip Code
Sacramento CA 95825-6320

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2010

Transaction ID: 8D11A090-5BA1-4D09-

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dean L Johnston, MD

Mailing Address Suite 212
4106 West Lake Mary Boulevard

City State Zip Code
Lake Mary FL 32746-3344

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

Name of Employer Occupation
Dean L Johnston MD, Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: 55C1E0E7C0270A98489

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: PAGE 24 / 50
(check only one)

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

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

A.

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

Mailing Address Suite 7000
4701 North Meridian Avenue

City State Zip Code
Miami Beach FL 33140

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
02 / 16 / 2010

Transaction ID: AE0F30E9BA9126F6393

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address Cosmetic Surgery, Suite 201
1 Reservoir Circle

City State Zip Code
Baltimore MD 21208-6393

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
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: 16FC348F508276C783E

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address Medical Plaza One - Suite 708
7777 Hennessy Boulevard

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer Center for Reconstructive and Cosmetic Occupation Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2010

Transaction ID: 79930669AC5D5B28AA2

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas J Kennedy, MD	Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address Suite 308	Transaction ID: 0414B8D258A9E25337E
	City State Zip Code Clarksburg WV 26301	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Carolyn L Kerrigan, MD	Date of Receipt MM / DD / YYYY 03 / 02 / 2010
	Mailing Address One Medical Center Drive	Transaction ID: 6722C8AF-0E63-4819-
	City State Zip Code Lebanon NH 03756-1000	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Dartmouth Hitchcock Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Sami U Khan, MD	Date of Receipt MM / DD / YYYY 02 / 24 / 2010
	Mailing Address Hsc,T-19 Room 060 Suny-Stony Brook University Medica	Transaction ID: A4BA1ECD548F083CC0E
	City State Zip Code Stony Brook NY 11794-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Division of Plastic Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

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 26 / 50
(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)
Chang Soo Kim, MD

Mailing Address Suite 200
222 Schanck Road

City Freehold State NJ Zip Code 07728

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

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: AAE05DE5A155C496077

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
David F Klein, MD

Mailing Address 398 Copperfield Blvd NE

City Concord State NC Zip Code 28025-2402

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

Name of Employer Renaissance Plastic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2010

Transaction ID: 74938A2C1DCCA9BC92D

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Suite 306
11480 Brookshire Avenue

City Downey State CA Zip Code 90241-5021

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
03 / 29 / 2010

Transaction ID: 6A2CF884865437F4F6A

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: (check only one)	PAGE 27 / 50
	<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 N Kornstein, MD

Mailing Address 1050 5th Avenue

City State Zip Code
New York NY 10028-0110

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 03 / 22 / 2010

Transaction ID: 54BBB1414294B34BAA6

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Michael Leadbetter, MD

Mailing Address 1 Plastic Surgery Plaza
4850 Red Bank Road

City State Zip Code
Cincinnati OH 45227

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 01 / 06 / 2010

Transaction ID: 87AE1F1D5A509F4E1D5

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address Suite 207
436 North Roxbury Drive

City State Zip Code
Beverly Hills CA 90210

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 16 / 2010

Transaction ID: 9CFD41AC2A8FFCB608A

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 50
(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)
David J Levens, MD

Mailing Address Suite 440
1725 University Drive

City State Zip Code
Coral Springs FL 33071-7048

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
02 / 18 / 2010

Transaction ID: A81450277A9BC0A5827

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sheldon M Lincenberg, MD

Mailing Address Suite 950
One Glenlake Parkway

City State Zip Code
Atlanta GA 30328

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

Name of Employer Georgia Plastic Surgery, P.C. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2010

Transaction ID: B92344922DC30858805

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Paul W Loewenstein, MD

Mailing Address Suite 110
13800 West North Avenue

City State Zip Code
Brookfield WI 53005

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
03 / 16 / 2010

Transaction ID: D24AE7CC5F52AA1E778

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 50
(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)
Ronald A Lohner, MD

Mailing Address Building I Suite 200

City Rosemont State PA Zip Code 19010

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 03 / 16 / 2010
Transaction ID: 866F597F5969113FC5A
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dennis J Lynch, MD

Mailing Address 2361 River Ranch Rd

City Temple State TX Zip Code 76502-4260

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 02 / 09 / 2010
Transaction ID: 55FBD19DD92B0A44322
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Gregory J MacKay, MD

Mailing Address Suite 870
5673 Peachtree Dunwoody Road North

City Atlanta State GA Zip Code 30342-1771

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 02 / 09 / 2010
Transaction ID: 70ABA77868350B7DA70
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 50
(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) Lee J Malan, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
Mailing Address Suite U-1 3955 Harrison Boulevard		Transaction ID: 5DF7AEA68D8AFEE4197
City Ogden	State Zip Code UT 84403-2313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rocky Mountain Plaza	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Philip C Marin, MD		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
Mailing Address 650 Dittmer Avenue		Transaction ID: BBF51D953C9D07ADD62
City Pueblo	State Zip Code CO 81005-1212	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 450.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Robert M McCormack, MD		Date of Receipt MM / DD / YYYY 01 / 28 / 2010
Mailing Address 280 Kings Highway		Transaction ID: D16211960BA5B2B334B
City Cape May Court Hou	State Zip Code NJ 08210-1040	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	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 31 / 50
(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 F McGuire, MD

Mailing Address Suite 460
1301 20th Street

City State Zip Code
Santa Monica CA 90404-2050

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
02 / 22 / 2010

Transaction ID: 6FB9515D75BB691337A

Amount of Each Receipt this Period
1000.00

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

Mailing Address 426 South St

City State Zip Code
Pittsfield MA 01201-8228

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
02 / 22 / 2010

Transaction ID: 3E6A4884F0BD93EE998

Amount of Each Receipt this Period
250.00

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

Mailing Address Suite 106
3271 Five Points Drive

City State Zip Code
Auburn Hills MI 48326-2379

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
03 / 31 / 2010

Transaction ID: EDF3E3C441E970556D9

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 32 / 50
(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) Joseph M Mlakar, MD		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
Mailing Address 10215 Auburn Park Drive Suite B		Transaction ID: A24F6BCF202CFC68ED7
City Fort Wayne	State Zip Code IN 46825-2387	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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) ▼		

B.

Full Name (Last, First, Middle Initial) Brent R. W. Moelleken, MD		Date of Receipt MM / DD / YYYY 03 / 17 / 2010
Mailing Address Suite 340 120 South Spalding Drive		Transaction ID: 44E9A835F09CF6D2293
City Beverly Hills	State Zip Code CA 90212-4310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Brent R. W. Moelleken, MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address Suite 340 120 South Spalding Drive		Transaction ID: B90512CCDCD4BE419F
City Beverly Hills	State Zip Code CA 90212-4310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	550.00
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 / 50

(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)
Herbert J Nassour, MD

Mailing Address Suite 300
1300 Murchison Drive

City State Zip Code
El Paso TX 79902-4842

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	3		1	6		2	0	1	0

Transaction ID: 31F0F7E447BDD701448

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Renee Bennett O'Sullivan, MD

Mailing Address 14 Denton Road

City State Zip Code
Wellesley MA 02482-6405

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	2		1	6		2	0	1	0

Transaction ID: 898AE0D13745E42B3C4

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Kenneth L Odinet, MD

Mailing Address Suite 514
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
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	3		0	1		2	0	1	0

Transaction ID: FC4C6739EEA849D080F

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)

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 50
(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 M Osborn, MD

Mailing Address 95 Scripps Drive

City Sacramento State CA Zip Code 95825-6320

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2010
Transaction ID: 94CD4567CDC9B3A0B21
Amount of Each Receipt this Period 300.00

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

Mailing Address Suite 230
682 Hemlock Street

City Macon State GA Zip Code 31201-6883

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 03 / 16 / 2010
Transaction ID: 38D623CB3E2392A4F70
Amount of Each Receipt this Period 350.00

C. Full Name (Last, First, Middle Initial)
James L. Pertsch, MD

Mailing Address 212 North San Mateo Drive

City San Mateo State CA Zip Code 94401-2609

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 02 / 09 / 2010
Transaction ID: F4463729D56394AF449
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) C. Edwin Pittman, MD		Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address Building 100		Transaction ID: 6263FC0BA5BD9ADE5EF
	City Athens	State GA	
	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) David F Pratt, MD		Date of Receipt MM / DD / YYYY 01 / 06 / 2010
	Mailing Address Building 3, Suite B 10413 Northeast 37th Circle		Transaction ID: EFF93B134F42EF3D7D7
	City Kirkland	State WA	
	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) Bryan H Pruitt, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
	Mailing Address Suite 125 8315 Walnut Hill Lane		Transaction ID: 7F07253289C7166401D
	City Dallas	State TX	
	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	

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 36 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David B Reath, MD		Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address Suite 101 109 Northshore Drive		Transaction ID: E8B640AE63F9ADBE893
	City Knoxville	State TN	Zip Code 37919
	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) Ronald G Ritz, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
	Mailing Address Suite 205 575 Rivergate Lane		Transaction ID: 302D7B61737E2BA13E6
	City Durango	State CO	Zip Code 81301-5021
	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) Donald Roland, MD		Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address Suite 1A 52 East 72nd Street		Transaction ID: 842537CFC232DDEC085
	City New York	State NY	Zip Code 10021
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

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 37 / 50
(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)
Leonard A Roudner, MD

Mailing Address Suite 890
550 Biltmore Way

City State Zip Code
Coral Gables FL 33134-5730

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
02 / 09 / 2010

Transaction ID: 09BFCDD8C46CFBA33FA

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Frank H Ryan, MD

Mailing Address Suite 340
9675 Brighton Way

City State Zip Code
Beverly Hills CA 90210

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 ▼
350.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: 252BF6D8C16A4C73EF3

Amount of Each Receipt this Period
350.00

C.

Full Name (Last, First, Middle Initial)
Loren S Schechter, MD

Mailing Address Suite 210
9000 Waukegan Road

City State Zip Code
Morton Grove IL 60053

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
01 / 26 / 2010

Transaction ID: 36F6CA33833D8D0002B

Amount of Each Receipt this Period
250.00

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 38 / 50
(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)
Margaret Skiles, MD

Mailing Address 920 Chestnut Street

City State Zip Code
Yuba City CA 95991-4020

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

Name of Employer Feather River Plastic Surgery Occupation Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 26 / 2010
Transaction ID: 021CA42191FB993C18B
Amount of Each Receipt this Period 250.00

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

Mailing Address Suite 130
2 Medical Plaza Drive

City State Zip Code
Roseville CA 95661

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 03 / 08 / 2010
Transaction ID: EA08EB90069506EF965
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Wendell Smoot, MD

Mailing Address Suite 300
9850 Genessee Avenue

City State Zip Code
La Jolla CA 92037-1224

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 01 / 06 / 2010
Transaction ID: F1FE5AA218B7DB43374
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: (check only one)	PAGE 39 / 50
	<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		
	Mailing Address Suite 1650 901 Boren Avenue		M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0		
	City Seattle	State WA	Zip Code 98104-3508	Transaction ID: 35124C87A238A2FD1CD	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	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 ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Richard S Stahl, MD		Date of Receipt		
	Mailing Address Suite A2 5 Durham Road		M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 0		
	City Guilford	State CT	Zip Code 06437	Transaction ID: 1B0E6E435D9B1044CFF	
	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) William D Strinden, MD		Date of Receipt		
	Mailing Address 116 Christie Dr		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0		
	City Lufkin	State TX	Zip Code 75904-5534	Transaction ID: C82805AC9396E36C05C	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	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)	▶	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 40 / 50
	<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) Steven K Struck, MD	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address Suite 200 3301 El Camino Real	Transaction ID: CC40490FB6321C3A618
	City Atherton State CA Zip Code 94027-3803	Amount of Each Receipt this Period 400.00
	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 ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Linda L Swanson, MD	Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address Suite 101 23560 Madison Street	Transaction ID: 16A6A2B8BEFBAA73897
	City Torrance State CA Zip Code 90505	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) Anne Taylor, MD	Date of Receipt MM / DD / YYYY 01 / 08 / 2010
	Mailing Address Suite 545 2 Easton Oval	Transaction ID: 32A78A13-0C4B-4834-
	City Columbus State OH Zip Code 43219	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)	▶	1650.00
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 41 / 50
	<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) Kevin Tehrani, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010		
	Mailing Address Suite 109 560 Northern Boulevard		Transaction ID: FB0458CD0DCB7ACD027		
	City Great Neck	State NY	Zip Code 10021	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Kevin Tehrani, MD		Date of Receipt MM / DD / YYYY 03 / 17 / 2010		
	Mailing Address Suite 109 560 Northern Boulevard		Transaction ID: 77046A1242B374657A5		
	City Great Neck	State NY	Zip Code 10021	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 ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Amy A Van Gent, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010		
	Mailing Address 5200 N Federal Hwy 5200 N. Federal Highway		Transaction ID: 30FF98192328490AA95		
	City Fort Lauderdale	State FL	Zip Code 33308-3253	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)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 50
(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)
Bruce W. Van Natta, MD

Mailing Address 170 W 106th Street

City Indianapolis State IN Zip Code 46290-1004

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 02 / 16 / 2010

Transaction ID: 2BAAAACA56E390D05BC

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Bruce W. Van Natta, MD

Mailing Address 170 W 106th Street

City Indianapolis State IN Zip Code 46290-1004

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 03 / 30 / 2010

Transaction ID: 17B8118276A7EC0DB48

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Oscar A Vargas, MD

Mailing Address Mendez Vigo 165 Este

City Mayaguez State PR Zip Code 00680

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 / 22 / 2010

Transaction ID: 179FF999FB221526DFB

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 50
(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)
Charles N Verheyden, MD

Mailing Address 2401 S 31st St

City State Zip Code
Temple TX 76508-0001

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

Name of Employer Scott & White Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2010

Transaction ID: 00CD6EDD3584D3D2CE2

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 8600 Fern Ave

City State Zip Code
Shreveport LA 71105-5639

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
01 / 26 / 2010

Transaction ID: 31F3AAAD8590592348B

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 210
6555 Coyle Avenue

City State Zip Code
Carmichael CA 95608

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

Name of Employer Mercy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2010

Transaction ID: 7BFABEC6-BE6B-430A-

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 44 / 50
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Amy G Wandel, MD		Date of Receipt MM / DD / YYYY 03 / 30 / 2010
Mailing Address Suite 210 6555 Coyle Avenue		Transaction ID: A3CAC0077E31A94D56B
City Carmichael	State Zip Code CA 95608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Mercy Medical Group	Occupation Physician	Aggregate Year-to-Date ▼ 900.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Michael J Watanabe, MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2010
Mailing Address Suite 102 24401 Calle De La Louisa		Transaction ID: 88BAEE74B71056C731F
City Laguna Hills	State Zip Code CA 92653-3616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
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) ▼		

C.

Full Name (Last, First, Middle Initial) Paul R Weiss, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
Mailing Address Suite 2D 1049 Fifth Avenue		Transaction ID: E1007BD0B71EC2CFD99
City New York	State Zip Code NY 10028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) J. Jason Wendel, MD		Date of Receipt MM / DD / YYYY 01 / 26 / 2010
	Mailing Address Department of Plastic Surgery		Transaction ID: 43935B0DFBBE63EDCB1
	City Nashville	State TN	Zip Code 37232-0001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Vanderbilt University	Occupation Physician	Aggregate Year-to-Date 250.00

B.	Full Name (Last, First, Middle Initial) Frederick G. Weniger, MD		Date of Receipt MM / DD / YYYY 03 / 01 / 2010
	Mailing Address Suite F104 25 Clark Summit Drive		Transaction ID: 331331171E30BC1E067
	City Bluffton	State SC	Zip Code 29910
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 500.00

C.	Full Name (Last, First, Middle Initial) Robert D Wilcox, MD		Date of Receipt MM / DD / YYYY 02 / 09 / 2010
	Mailing Address 5316 West Plano Parkway		Transaction ID: 8F0DD146DDB0A2E8A16
	City Plano	State TX	Zip Code 75093-4821
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 375.00

SUBTOTAL of Receipts This Page (optional)	1125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 50
(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)
Virgil V Willard, MD

Mailing Address Suite 202
1011 North Lindsay Street

City State Zip Code
High Point NC 27262

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
01 / 26 / 2010

Transaction ID: E4FC5639526C551110D

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Suite 106
4100 West 15th Street

City State Zip Code
Plano TX 75093-5803

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
01 / 26 / 2010

Transaction ID: A267B21F17B1B53BE79

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Sergio M Zamora, MD

Mailing Address Suite 150
1890 Lpga Boulevard

City State Zip Code
Daytona Beach FL 32117

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 / 18 / 2010

Transaction ID: 4A8E281C5E04AAF9CB9

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 50
	(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)
Scott J Zevon, MD

Mailing Address 75 Central Park West

City State Zip Code
New York NY 10023-6011

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
03 / 08 / 2010

Transaction ID: 2DF3EFA145CF63450E9

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1316 Mercy Dr

City State Zip Code
Muskegon MI 49444-1835

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: F99CD5E85FEB02DACA3

Amount of Each Receipt this Period
375.00

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	47842.50

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 48 / 50

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

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

A. Full Name (Last, First, Middle Initial) JP Morgan Chase <hr/> Mailing Address 1201 South Milwaukee Ave <hr/> City Libertyville State IL Zip Code 60048 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 41C4A4BFE9177C09102 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 398.49
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JP Morgan Chase <hr/> Mailing Address 1201 South Milwaukee Ave <hr/> City Libertyville State IL Zip Code 60048 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3FFF96E8B0742F29E25 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 218.36
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JP Morgan Chase <hr/> Mailing Address 1201 South Milwaukee Ave <hr/> City Libertyville State IL Zip Code 60048 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0434A4291B3323C1192 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 287.67
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

904.52

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

904.52

**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 49 / 50

<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) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: 35840-58718508481979</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of John Tanner</p> <p>Mailing Address Post Office Box 1994 Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 08</p>	<p>Transaction ID: 35840-37490481138229</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress</p> <p>Mailing Address 111 NW 183rd Street Suite 325</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Kendrick B. Meek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 17</p>	<p>Transaction ID: 35840-67371767759323</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 50

<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) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 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: 35840-98737734556199 Date of Disbursement 03 / 31 / 2010
	Amount of Each Disbursement this Period -2000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Red Rooster Leadership Pac Mailing Address 228 S Washington St Ste 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name Red Rooster Leadership Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35840-97150820493699 Date of Disbursement 03 / 31 / 2010
	Amount of Each Disbursement this Period -2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

-10500.00