

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

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 04 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Mr. William Seward

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

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

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

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		91687.86
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	88001.72									
(c) Total Receipts (from Line 19)	72108.00	78625.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	160109.72	170313.19								
7. Total Disbursements (from Line 31)	103661.15	113864.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56448.57	56448.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	60533.00	63233.00
(ii) Unitemized	11575.00	12625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	72108.00	75858.00
(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)	72108.00	75858.00
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	2767.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	72108.00	78625.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72108.00	78625.33

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.....	661.15	864.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	661.15	864.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102500.00	112500.00
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.....	500.00	500.00
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))..	103661.15	113864.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103661.15	113864.62

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)	72108.00	75858.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72108.00	75858.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	661.15	864.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	661.15	864.62

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

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

Mailing Address 363 Grand Ave.

City Englewood State NJ Zip Code

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 05 / 27 / 2008

Transaction ID: A6E73460-276F-4459-9

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
James S. Albertoli, MD

Mailing Address 56 Thomas Johnson Drive

City Frederick State MD Zip Code 21702

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 05 / 13 / 2008

Transaction ID: 31490787-9A85-42AB-B

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Edwin N. Austin, MD

Mailing Address 960 Liberty St. SE Ste 170

City Salem State OR Zip Code 97302

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 22 / 2008

Transaction ID: 74E60C61-453A-43C4-8

Amount of Each Receipt this Period 250.00

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 8 / 65
(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) Rafael A. Avila, MD		Date of Receipt MM / DD / YYYY 05 / 29 / 2008
Mailing Address 1022 E. Griffin Parkway Ste 110		Transaction ID: 94A76C61-4CD3-4036-8
City Mission	State TX Zip Code 78572	
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) Fredric M. Barr, MD		Date of Receipt MM / DD / YYYY 05 / 22 / 2008
Mailing Address 1411 N. Flagler Drive Ste 5800		Transaction ID: 175CFFAF-9A4A-4760-B
City West Palm Beach	State FL Zip Code 33401	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Cecil W. Bean, MD		Date of Receipt MM / DD / YYYY 05 / 27 / 2008
Mailing Address 361 High Street		Transaction ID: 7A92D2E8-4A27-4D5D-8
City Somersworth	State NH Zip Code	
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) ▼		

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 9 / 65
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Keith S. Berman, MD

Mailing Address 1055 Hylan Blvd.

City Staten Island State NY Zip Code 10305

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 3F124844-64AD-4E4D-A

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Robert F. Bialas, MD

Mailing Address 609 Lakeview Road

City Clearwater State FL Zip Code 33756

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2008

Transaction ID: A1CC83CF-899A-4E32-B

Amount of Each Receipt this Period
400.00

C.

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

Mailing Address 700 West 800 North Suite 442

City Orem State UT Zip Code 84057

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: AFBFE297-7086-4594-A

Amount of Each Receipt this Period
600.00

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 10 / 65
(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 J. Borkowski, MD

Mailing Address 85 Church Street

City Middletown State CT Zip Code

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 4CECE87C-B3BC-4136-B

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Stephen D. Bresnick, MD

Mailing Address 16633 Ventura Blvd.
Ste 110

City Encino State CA Zip Code 91436

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: F9758F33-0D5F-446A-B

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Juan A. Brou, MD

Mailing Address 5300 N. Grand Blvd.

City Oklahoma City State OK Zip Code 73112

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 5B20D382-2AF3-4D9D-8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 65
	<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) Jack G. Bruner, MD		Date of Receipt MM / DD / YYYY 06 / 09 / 2008		
	Mailing Address 2801 K St. Ste 200		Transaction ID: 68F176BA-BD37-4FDA-B		
	City Sacramento	State CA	Zip Code 95816	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fort Sutter Medical Building	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) Rafael C. Cabrera, MD		Date of Receipt MM / DD / YYYY 05 / 21 / 2008		
	Mailing Address 951 NW 13th St. Ste 4A		Transaction ID: 7024ED67-8217-4E7D-9		
	City Boca Raton	State FL	Zip Code 33486	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael G. Cedars, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 3300 Webster St. Ste 1106		Transaction ID: CE9DD327-F8C6-4BDA-A		
	City Oakland	State CA	Zip Code 94609	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 12 / 65
	<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 J. Chaney, MD		Date of Receipt
	Mailing Address 17070 Red Oak Drive Suite 400		<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 06 / 10 / 2008
	City	State	Zip Code
	Houston	TX	77090
	FEC ID number of contributing federal political committee. C		Transaction ID: 35345046-A8DB-4EF6-8
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Robert C. Ciardullo, MD		Date of Receipt
	Mailing Address 170 Maple Ave.		<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 06 / 09 / 2008
	City	State	Zip Code
	White Plains	NY	10601
	FEC ID number of contributing federal political committee. C		Transaction ID: F7BD8E78-DDB7-4FC5-A
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Matthew J. Concannon, MD		Date of Receipt
	Mailing Address 3115 Falling Leaf Ct.		<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 06 / 17 / 2008
	City	State	Zip Code
	Columbia	MO	85201
	FEC ID number of contributing federal political committee. C		Transaction ID: DA421EA8-F649-405D-B
Name of Employer Concannon Plastic Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

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 13 / 65
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey G. Copeland, MD

Mailing Address 70 Jungermann Circle
Ste 102

City State Zip Code
Saint Peters MO 63376

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

Name of Employer Copeland Cosmetic Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: F5339241-2211-45E2-8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Joseph T. Cruise, MD

Mailing Address 180 Newport Center Drive
Ste 150

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Cruise Plastic Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2008

Transaction ID: 113BBFF3-6293-4098-A

Amount of Each Receipt this Period
300.00

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

Mailing Address 170 Commonwealth Ave.

City State Zip Code
Boston MA

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: 79B504BA-E22A-4CF7-9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 65
(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)
Glenn M. Davis, MD

Mailing Address 2304 Wesvill Ct.
Ste 360

City Raleigh State NC Zip Code 27607

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 ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: BEC04ADC-17D3-4B5B-B

Amount of Each Receipt this Period
2000.00

B.

Full Name (Last, First, Middle Initial)
Richard A. De Ramon, MD

Mailing Address 2025 Technology Parkway

City Mechanicsburg State PA Zip Code 17050

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 8

Transaction ID: 7005F467-7F51-49A1-B

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3974 Springfield Rd.

City Glen Allen State VA Zip Code 23060

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

Name of Employer Self Occupation Advanced Art of Cosm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 8

Transaction ID: A5B6FF3E-CD72-4ADD-B

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 65
	<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) Donald M. Ditmars, MD		Date of Receipt
	Mailing Address 2799 W. Grand Blvd.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Detroit	MI	48202
	FEC ID number of contributing federal political committee. C		Transaction ID: AA4CD309-7078-4FEE-9
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Deason C. Dunagan, MD		Date of Receipt
	Mailing Address 303 Williams SW		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Huntsville	AL	35801
	FEC ID number of contributing federal political committee. C		Transaction ID: CD00800C-40C5-4E12-A
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Aric J. Eckhardt, MD		Date of Receipt
	Mailing Address 600 John Deere Rd.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Moline	IL	61265
	FEC ID number of contributing federal political committee. C		Transaction ID: 661CBA02-15F9-4EEB-B
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 65
(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)
Judy A. Emanuele, MD

Mailing Address 1267 East Main Street

City State Zip Code
Riverhead NY 11901

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
06 / 03 / 2008

Transaction ID: 95F2CE57-A5E8-4A5D-9

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Joseph J. Fata, MD

Mailing Address 10293 N. Meridian St.
Ste 200

City State Zip Code
Indianapolis IN 46290

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

Name of Employer Renaissance Plastic Surgery, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 94259234-1611-42A8-9

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Peter E. Gee, MD

Mailing Address 3 Woodland Road
Ste 216B

City State Zip Code
Stoneham MA

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 20E4B23C-571D-4BDD-A

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 17 / 65
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) William N. Georgis, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 6030 Garrett Lane		Transaction ID: 351A2027-C6CD-482F-A
City Rockford	State Zip Code IL 61107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Scot Bradley Glasberg, MD		Date of Receipt MM / DD / YYYY 04 / 29 / 2008
Mailing Address 900 Park Ave.		Transaction ID: 28B64539-C493-4A44-A
City New York	State Zip Code NY 10075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2016.00
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 ▼ 2016.00	

C.

Full Name (Last, First, Middle Initial) Roger L. Gordon, MD		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 4300 University Drive Suite A202		Transaction ID: 9E6EB37C-0685-47AE-8
City Lauderhill	State Zip Code FL 33351	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Strax Rejuvenation	
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)	▶	2566.00
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 / 65
(check only one)

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

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

A.

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

Mailing Address 5361 Reynolds St.

City Savannah State GA Zip Code 31405

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 ▼ 501.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 7943A251-4777-4FE3-A

Amount of Each Receipt this Period 501.00

B.

Full Name (Last, First, Middle Initial)
John Robert Griffin, MD

Mailing Address 50 S. San Mateo Drive

City San Mateo State CA Zip Code 94401

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

Name of Employer Plastic Surgery Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 25 / 2008

Transaction ID: 5EA3BF18-DA71-452B-9

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Jack P. Gunter, MD

Mailing Address 8144 Walnut Hill Lane

City Dallas State TX Zip Code 75231

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2008

Transaction ID: 4BF85154-641C-4287-B

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1366.00**

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 / 65
	<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) Karol A. Gutowski, MD		Date of Receipt		
	Mailing Address 600 Highland Ave. #H5/3		M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 8		
	City Madison	State WI	Zip Code 53792	Transaction ID: 385C363E-0689-45F0-A	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00		
	Name of Employer Northshore University Healthsystem	Occupation Chief of Plastic Sur	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Phillip C. Haeck, MD		Date of Receipt		
	Mailing Address 901 Boren Ave. Ste 1650		M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 8		
	City Seattle	State WA	Zip Code 98104	Transaction ID: BDA52E6D-878F-4D9E-A	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Gary D. Hall, MD		Date of Receipt		
	Mailing Address 11401 Nall Ave. Ste 216		M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8		
	City Leawood	State KS	Zip Code 66211	Transaction ID: 59061E06-C1D9-4834-B	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Advanced Cosmetic Surgery, PA	Occupation Physician	Aggregate Year-to-Date 1000.00		

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 20 / 65
(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)
Craig E. Harrison, MD

Mailing Address 1100 E. Lake St.

City Tyler State TX Zip Code 75701

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 19 / 2008
Transaction ID: B65FF7E3-CB5C-4C01-8
 Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Craig E. Harrison, MD

Mailing Address 1100 E. Lake Street Ste 200

City Tyler State TX Zip Code 75701

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 03 / 2008
Transaction ID: 699E414B-312F-4F24-B
 Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Katherine D. Hein, MD

Mailing Address 761 Worcester Road Suite 331

City Framingham State MA Zip Code

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: 05 / 14 / 2008
Transaction ID: BA2AE19B-923C-4B41-B
 Amount of Each Receipt this Period: 100.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 65
(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 J. Hirschfeld, MD

Mailing Address 3000 E. Fletcher Ave.

City Tampa State FL Zip Code 33613

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 18 / 2008

Transaction ID: AA049C06-B400-4C65-9

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 8220 Walnut Hill Lane Ste 206

City Dallas State TX Zip Code 75231

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 0C778F77-01CC-46CF-9

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 17300 N. Outer 40 Ste 300

City Chesterfield State MO Zip Code 63005

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

Name of Employer St. Louis Cosmetic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 12 / 2008

Transaction ID: 39A5A57B-2D22-462E-A

Amount of Each Receipt this Period 1000.00

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 / 65
(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)
Dennis J. Hurwitz, MD

Mailing Address 3109 Forbes Ave.

City State Zip Code
Pittsburgh PA 15213

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
05 / 14 / 2008

Transaction ID: 3A5F0727-ED5C-40F8-B

Amount of Each Receipt this Period
500.00

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

Mailing Address 815 Park Ave.

City State Zip Code
New York NY 10021

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 17B691A3-3FB1-4FB1-A

Amount of Each Receipt this Period
500.00

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

Mailing Address 95 Scripps Drive

City State Zip Code
Sacramento CA 95825

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2008

Transaction ID: 97BB5BEB-2F8A-447F-A

Amount of Each Receipt this Period
1000.00

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 23 / 65
(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)
Dean L. Johnston, MD

Mailing Address 4106 W. Lake Mark Blvd.
Ste 212

City State Zip Code
Lake Mary FL 32746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
05 / 27 / 2008

Transaction ID: 16C468EE-4BEA-41D9-B

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Roderick B. Jordan, MD

Mailing Address 2500 Metrohealth Drive

City State Zip Code
Cleveland OH 44109

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 04559A22-ADF6-4FE8-A

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 7920 Hill Trail North

City State Zip Code
Lake Elmo MN 55042

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
05 / 22 / 2008

Transaction ID: E6C5C613-79EA-4556-9

Amount of Each Receipt this Period 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 65
(check only one)

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

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

A.

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

Mailing Address 107 Woodbury Road

City State Zip Code
Huntington NY 11743

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 6859A321-F00E-4270-A

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 9834 Genesee Ave.
Ste 129

City State Zip Code
La Jolla CA 92037

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
05 / 22 / 2008

Transaction ID: 72800B88-108C-45F7-A

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 1810 S. Coulter St.

City State Zip Code
Amarillo TX 79106

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 ▼
1300.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 8865655C-DAB1-4A31-A

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 25 / 65
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) John C. Kelleher, MD		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address 1810 S. Coulter St.		Transaction ID: FE13E330-D3BF-4895-8		
	City Amarillo	State TX	Zip Code 79106	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date 1300.00		

B.	Full Name (Last, First, Middle Initial) Denise M. Kenna, MD		Date of Receipt MM / DD / YYYY 05 / 20 / 2008		
	Mailing Address 1936 Powder Mill Road		Transaction ID: 45CA707D-0BCA-4AAC-9		
	City York	State PA	Zip Code 17402	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Roger K. Khouri, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 180 Crandon Blvd.		Transaction ID: A1B5C0C3-23D0-40E7-8		
	City Key Biscayne	State FL	Zip Code 33149	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 65
(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 L. Kiener, MD

Mailing Address 530 Hammill Lane

City State Zip Code
Reno NV 89511

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2008

Transaction ID: 791DC929-D5F1-445D-A

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Chang Soo Kim, MD

Mailing Address 222 Schanck Rd.

City State Zip Code
Freehold NJ

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
06 / 11 / 2008

Transaction ID: 6AB21EA3-54D8-43B7-A

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 575 E. Norwegian St.
Keystone Surgery Center

City State Zip Code
Pottsville PA 17901

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

Name of Employer Keystone Cosmetic Surgery Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: 8922110D-AD2D-467F-9

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 65
(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)
Louis Korngold, MD

Mailing Address 125 S. Main St.

City State Zip Code
New City NY 10956

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: 7EF34B1C-BF41-4529-9

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 100 UCLA Medical Plaza

City State Zip Code
Los Angeles CA 90024

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2008

Transaction ID: 37CB226F-B34B-4861-8

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
George A. Levine, MD

Mailing Address 8700 N. Kendall Drive Ste 102

City State Zip Code
Miami FL 33176

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2008

Transaction ID: DA32EB56-6F79-431D-9

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 65
(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)
Edward C. Lewis, MD

Mailing Address 1740 Millcreek Circle

City State Zip Code
Salt Lake City UT 84106

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: D1CE6352-E7B9-4487-B

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Stuart Lipton, MD

Mailing Address 591 W. Main St.

City State Zip Code
Lewisville TX 75057

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: 7FE0E18B-CA86-485E-8

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Anthony S. Lombardi, MD

Mailing Address 32 Corbett Way

City State Zip Code
Eatontown NJ

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
05 / 22 / 2008

Transaction ID: D36D0814-2E7E-4ACC-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 65
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William G. Loutfy, MD

Mailing Address 10400 Academy Rd NE
Ste 230

City State Zip Code
Albuquerque NM 87111

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
05 / 14 / 2008

Transaction ID: B97A56AF-7621-43E2-9

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2401 S. 31st St.
Scott & White Clinic

City State Zip Code
Temple TX 76508

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

Name of Employer Self Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: 6852ACE4-5DAF-4539-B

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Pramit S. Malhotra, MD

Mailing Address 603 Lansing Ave.

City State Zip Code
Jackson MI 49202

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 ▼
201.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 0609B3E1-1986-42BC-B

Amount of Each Receipt this Period
201.00

SUBTOTAL of Receipts This Page (optional) ► **951.00**

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 30 / 65
	<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) Eric R. Mariotti, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 2222 East St. Ste 310		Transaction ID: A78E07FF-98F5-4CAD-A		
	City Concord	State CA	Zip Code 94520	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
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B.	Full Name (Last, First, Middle Initial) Alan Matarasso, MD		Date of Receipt MM / DD / YYYY 05 / 29 / 2008		
	Mailing Address 1009 Park Ave.		Transaction ID: 1616CD5B-B624-46BD-A		
	City New York	State NY	Zip Code 10028	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) G. Patrick Maxwell, MD		Date of Receipt MM / DD / YYYY 04 / 02 / 2008		
	Mailing Address 2021 Church Street Ste 310		Transaction ID: 42DF6544-21E9-4B59-9		
	City Nashville	State TN	Zip Code 37203	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
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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 31 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Nathan Mayl, MD		Date of Receipt
	Mailing Address 6405 N. Federal Highway Ste 200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Fort Lauderdale	FL	33308
	FEC ID number of contributing federal political committee. C		Transaction ID: 7FF3BBB7-8C22-4DB2-A
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) John R. McGill, MD		Date of Receipt
	Mailing Address 436A State St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Bangor	ME	
	FEC ID number of contributing federal political committee. C		Transaction ID: 1EC7613A-9869-4604-8
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Basil M. Michaels, MD		Date of Receipt
	Mailing Address 426 South St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 0 3 / 2 0 0 8
	City	State	Zip Code
	Pittsfield	MA	
	FEC ID number of contributing federal political committee. C		Transaction ID: 08BB5D75-3A0A-45ED-A
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
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 32 / 65
(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)
Basil M. Michaels, MD

Mailing Address 426 South St.

City Pittsfield State MA Zip Code

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2008

Transaction ID: 513B78F6-2FF5-45FE-A

Amount of Each Receipt this Period 500.00

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

Mailing Address 3271 Five Points Drive

City Auburn Hills State MI Zip Code 48326

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2008

Transaction ID: 7097507C-4422-4E84-A

Amount of Each Receipt this Period 500.00

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

Mailing Address 5201 N. Port Washington Rd.

City Milwaukee State FL Zip Code 53217

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2008

Transaction ID: 42BDB17C-EB38-4D86-B

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 65
(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)
Reza Momeni, MD

Mailing Address 1 Diamond Hill Rd.

City State Zip Code
Berkeley Heights NJ

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2008

Transaction ID: FD8B18DD-5290-4E97-8

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Newton Dee Moscoe, MD

Mailing Address 3705 Medical Parkway

City State Zip Code
Austin TX 78705

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: 8BF3B22A-40B9-44C0-8

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 1959 NE Pacific St.
#356410

City State Zip Code
Seattle WA 98195

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

Name of Employer University of Washington Medical Cente Occupation
Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: C4B5FA81-CC82-4037-A

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional) ► **2550.00**

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 34 / 65
	<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) Ernest Normington, MD		Date of Receipt
	Mailing Address 210 Jpm Rd. Ste 200		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lewisburg	PA	17837
	FEC ID number of contributing federal political committee. C		Transaction ID: F77D3867-754F-405C-8
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Kenneth L. Odinet, MD		Date of Receipt
	Mailing Address 501 W. Saint Mary Blvd. #514		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lafayette	LA	70506
	FEC ID number of contributing federal political committee. C		Transaction ID: A2F33DDD-2D6F-4343-A
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) John M. Osborn, MD		Date of Receipt
	Mailing Address 95 Scripps Drive		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sacramento	CA	95825
	FEC ID number of contributing federal political committee. C		Transaction ID: 96E0EE77-0423-47E0-B
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1300.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 1630 23rd Ave. 901A

City Lewiston State ID Zip Code 83501

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2008

Transaction ID: 5924073E-0AB9-4254-B

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1334 Nelson Ave.

City Modesto State CA Zip Code 95350

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2008

Transaction ID: 3027BAD7-6A67-4537-A

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 682 Hemlock St. Suite 230

City Macon State GA Zip Code 31201

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2008

Transaction ID: E24BB4D3-726A-42F1-8

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 65
(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)
Duc Minh Pham, MD

Mailing Address 15215 S. 48th St.
Ste 113

City Phoenix State AZ Zip Code 85044

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2008

Transaction ID: 213DCD8A-340A-42EE-A

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Sheryl G. Pilcher, MD

Mailing Address 20423 Terrabianca

City San Antonio State TX Zip Code 78258

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2008

Transaction ID: AEA7A929-15C1-4A3E-8

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Byron D. Poindexter, MD

Mailing Address 1825 Samuel Morse Drive

City Reston State VA Zip Code 20190

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: D1C35FE5-31BA-4227-A

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 65
(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)
Harlan Pollock, MD

Mailing Address 8305 Walnut Hill Lane
Ste 210

City State Zip Code
Dallas TX 75231

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
05 / 20 / 2008

Transaction ID: E6209100-C745-4DB5-A

Amount of Each Receipt this Period
500.00

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

Mailing Address 109 S. Northshore Drive
Ste 101

City State Zip Code
Knoxville TN 37919

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: 542433AC-8AD0-4EF3-A

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gabriel E. Salloum, MD

Mailing Address 2999 NE 191st St.

City State Zip Code
Aventura FL 33180

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
05 / 27 / 2008

Transaction ID: 6C52F982-BA2F-4982-A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 65
(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)
Gabriel E. Salloum, MD

Mailing Address 2999 NE 191st St.
Penthouse 1

City State Zip Code
Aventura FL 33180

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: E8818A06-5DE9-4321-B

Amount of Each Receipt this Period
250.00

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

Mailing Address 1199 Bush St.

City State Zip Code
San Francisco CA 94109

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 127C3602-FE96-4B26-9

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David P. Schnur, MD

Mailing Address 1578 Humboldt St.

City State Zip Code
Denver CO 80218

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2008

Transaction ID: D0F327DB-777D-480F-B

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 39 / 65
(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)
Peter L. Schwartz, MD

Mailing Address 143 Froehlich Farm Blvd.

City State Zip Code
Woodbury NY 11797

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 52B40821-6E03-4C22-8

Amount of Each Receipt this Period
500.00

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

Mailing Address 1161 21st Ave. S.
D-4207 Med Center North

City State Zip Code
Nashville TN 37232

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

Name of Employer Vanderbilt Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2008

Transaction ID: 7E83F003-3559-4642-A

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James M. Shenko, MD

Mailing Address 299 Lincoln Street

City State Zip Code
Worcester MA

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
05 / 27 / 2008

Transaction ID: A13FA57C-EACC-40DB-A

Amount of Each Receipt this Period
300.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 65
(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)
Lori Shoaf

Mailing Address 1300 S Arlington Ridge Rd

City State Zip Code
Arlington VA 22202-1953

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

Name of Employer American Society of Plastic Surgeons
Occupation Director, Federal Go

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: 3B43C70257E3D2D91A1

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 10 East 31st Street

City State Zip Code
Baltimore MD 21218

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

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: 8DEE861E-55C5-4FF2-A

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Brian H. Slywka, MD

Mailing Address 351 Rolling Oaks Drive Suite 101

City State Zip Code
Westlake Village CA 91361

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

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

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

Transaction ID: AD4F04BB-F43F-4D4A-9

Amount of Each Receipt this Period
450.00

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 41 / 65
(check only one)

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

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

A.

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

Mailing Address 2 Medical Plaza Drive
Ste 130

City Roseville State CA Zip Code 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 ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 7D77025E-B6F0-4911-B

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lisa L. Sowder, MD

Mailing Address 901 Boren Avenue
Ste 1650

City Seattle State WA Zip Code 98104

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2008

Transaction ID: B2456E3E-5AA8-4024-B

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Craig Staebel, MD

Mailing Address 950 W. University Ave.

City Georgetown State TX Zip Code 78626

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
06 / 25 / 2008

Transaction ID: 500121F7-C98E-4D4A-8

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 65
(check only one)

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

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

A.

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

Mailing Address 7541 Cipriano Ct.

City State Zip Code
Fairhope AL 36532

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
05 / 29 / 2008

Transaction ID: 495F9BEA-87B0-4EC8-9

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 3301 El Camino Real

City State Zip Code
Atherton CA 94027

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
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: 6CE1FC15-426F-4E99-8

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Gregory M. Swank, MD

Mailing Address 1771 Tate Blvd. SE

City State Zip Code
Hickory NC 28602

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

Name of Employer Occupation
Piedmont Plastic Surgery & Dermatology Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: 5B0049A8-6343-438D-A

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: (check only one)	PAGE 43 / 65
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Linda L. Swanson, MD		Date of Receipt
	Mailing Address 23560 Madison St. Ste 101		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 03 / 2008
	City	State	Zip Code
	Torrance	CA	90505
	FEC ID number of contributing federal political committee. C		Transaction ID: B8237E14-1818-42C4-9
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Anne Taylor, MD		Date of Receipt
	Mailing Address 2 Easton Oval Suite 545		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 05 / 2008
	City	State	Zip Code
	Columbus	OH	43219
	FEC ID number of contributing federal political committee. C		Transaction ID: 1FEE9DDD-E582-4FB6-A
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 1500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dennis P. Thompson, MD		Date of Receipt
	Mailing Address 1301 20th St. Ste 460		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 29 / 2008
	City	State	Zip Code
	Santa Monica	CA	90404
	FEC ID number of contributing federal political committee. C		Transaction ID: CACD5A7E-714A-4B54-9
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 65
	<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) Anthony P. Tufaro, MD		Date of Receipt MM / DD / YYYY 06 / 09 / 2008		
	Mailing Address 601 N. Caroline St. McElderry 8130-D		Transaction ID: CA97EAEA-4BF8-4FF1-9		
	City Baltimore	State MD	Zip Code 21287	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) Oscar A. Vargas, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address Mendez Vigo 165 Este		Transaction ID: EAB777D1-422F-4B12-B		
	City Mayaguez	State PR	Zip Code	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Stewart P. Wang, MD		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 440 N. Mountain Ave. Ste 307		Transaction ID: AE6C709D-4116-4614-B		
	City Upland	State CA	Zip Code 91786	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	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 45 / 65
(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)
Richard J. Wassermann, MD

Mailing Address 1220 Blanding St.

City State Zip Code
Columbia SC 29201

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

Name of Employer Plastic Surgery Consultants, LLC
Occupation Dr.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

Transaction ID: 89BE918F-B25B-41C0-B

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Larry P. Weinstein, MD

Mailing Address 385 State Route 24
Ste 3K

City State Zip Code
Chester NJ

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

Name of Employer Self
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	8

Transaction ID: 070A442F-25DC-4D16-A

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Clint F. Welsh, MD

Mailing Address 2930 Hillrise Drive

City State Zip Code
Las Cruces NM 88011

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

Name of Employer Self
Occupation Plastic and Reconstructive Surgery

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

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

Transaction ID: 82B7FF2E-770F-47F9-A

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 46 / 65
(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) Frederick G. Weniger, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
Mailing Address 29 Plantation Park Drive Ste 201		Transaction ID: 851C4865-EDF3-4A87-8
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	
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) George W. Weston, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
Mailing Address 1825 Samuel Morse Drive		Transaction ID: 3000C698-92AE-4DD6-8
City Reston	State VA	Zip Code 20190
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	

C.

Full Name (Last, First, Middle Initial) Deborah J. White, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 8896 E. Becker Land Ste 104		Transaction ID: 3FE9CBF4-1AB3-41D6-8
City Scottsdale	State AZ	Zip Code 85260
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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 65
	<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) Mark D. Wigod, MD	Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address 3630 E. Louise Drive	Transaction ID: 70915472-E67A-4E9C-A
	City State Zip Code Meridian ID 83642	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) Libby F. Wilson, MD	Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 2400 S. Flower St.	Transaction ID: BD4F0E6E-53FF-4DE3-9
	City State Zip Code Los Angeles CA 90007	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) Gregory P. Wittpenn, MD	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 627 Russell Blvd.	Transaction ID: 3EDC1323-4043-4C51-8
	City State Zip Code Nacogdoches TX 75965	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New Horizons Plastic Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 48 / 65
(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)
Tzuying Tammy Wu, MD
Mailing Address 2909 Hillglen Ave.
City Modesto State CA Zip Code 95355
FEC ID number of contributing federal political committee. **C**
Name of Employer Surgical Artistry, Inc Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 06 / 25 / 2008
Transaction ID: 6B5AEDDD-6771-4944-B
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
William J. Wyatt, MD
Mailing Address 2232 Dell Range Blvd.
Ste 206
City Cheyenne State WY Zip Code 82009
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 20 / 2008
Transaction ID: 7EB0DB73-CAE2-46D5-9
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael D. Yates, MD
Mailing Address 303 Williams Ave. SW
Ste 1421
City Huntsville State AL Zip Code 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 05 / 22 / 2008
Transaction ID: 41E17D8D-1F82-4268-9
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) ► 60533.00

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

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

FOR LINE NUMBER: (check only one)

PAGE 49 / 65

<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 Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ED004DD0C65FB0BC03B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 33.13
	001 Category/Type
	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 Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9539A130F791D6A8842 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 100.54
	001 Category/Type
	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 Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA265DC1DF2D2B6BB90 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 527.48
	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

661.15

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

661.15

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Adler for Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement <hr/> Candidate Name John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3BA03D16-0F06-43F4-A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Andy Harris for Congress <hr/> Mailing Address PO Box 1527 <hr/> City Annapolis State MD Zip Code 21404 <hr/> Purpose of Disbursement <hr/> Candidate Name Andrew P. Harris <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A03A65D1-E2A0-49B8-8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Ben Cardin for Senate <hr/> Mailing Address PO Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement <hr/> Candidate Name Benjamin L. Cardin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 873B2ED9-8BA3-4341-A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Shelley Berkley</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) ▼</p> <p>State: NV District: 01</p>	<p>Transaction ID: BED204C1-B0A1-413C-9 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	7	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	7	/	2	0	0	8													
2000.00																						
<p>B. Full Name (Last, First, Middle Initial) Big Tent Pac</p> <p>Mailing Address 701 8th Street, NW Suite 500</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Big Tent Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: Contribution</p>	<p>Transaction ID: 613238F7-88F3-45D8-B Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	1	5	/	2	0	0	8	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	1	5	/	2	0	0	8													
5000.00																						
<p>C. Full Name (Last, First, Middle Initial) Bob Corker for Senate</p> <p>Mailing Address PO Box 848</p> <p>City Chattanooga State TN Zip Code 37401</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Bob Corker</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: B691ED74-9F5B-49CB-9 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	5	/	2	0	0	8	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	2	5	/	2	0	0	8													
2000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">9000.00</td></tr></table>	9000.00
9000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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 52 / 65

<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) Charles A. Gonzalez Congressional Campaign <hr/> Mailing Address PO Box 12612 <hr/> City San Antonio State TX Zip Code 78212 <hr/> Purpose of Disbursement <hr/> Candidate Name Charles A. Gonzalez <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20	Transaction ID: 7AD7591F-67BC-4586-8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Collins for Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement <hr/> Candidate Name Susan M. Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: C57738CE-3E85-43FA-8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement <hr/> Candidate Name Bart Gordon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06	Transaction ID: 3D17E560-6D59-4F27-8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Candidate Name Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6395AAB-3551-4C3A-9 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Dave Camp for Congress Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640-6824 Purpose of Disbursement Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6CB9041-2B41-402C-8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Enzi for Us Senate Mailing Address PO Box 2775 City Cody State WY Zip Code 82414 Purpose of Disbursement Candidate Name Michael B. Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F903AFBE-4353-446D-A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 54 / 65

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

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

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

A. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement <hr/> Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 37C306B8-9CDB-49EC-8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement <hr/> Candidate Name Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D51E824E-F5AB-4A85-A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address 228 S Washington Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 General Portion of Original Contrib <hr/> Candidate Name Gordon Harold Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 74307-0486261248588 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address 228 S Washington Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 Primary Redesignation Candidate Name Gordon Harold Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 710474BD-6943-425F-A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address 228 S Washington Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Candidate Name Gordon Harold Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5B61B4F0-D4ED-461F-A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller <hr/> Mailing Address PO Box 1909 <hr/> City Charleston State WV Zip Code 25327 <hr/> Purpose of Disbursement Candidate Name John D. Rockefeller, IV <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7CCDCFAA-1924-4D6F-8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling <hr/> Mailing Address PO Box 820504 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement <hr/> Candidate Name Thomas Jeb Hensarling <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0DAF5144-FCC0-4166-A Date of Disbursement 06 / 25 / 2008
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of John Barrasso <hr/> Mailing Address PO Box 52008 <hr/> City Casper State WY Zip Code 82605 <hr/> Purpose of Disbursement <hr/> Candidate Name John Barrasso <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B14B3855-4AAE-44A5-B Date of Disbursement 04 / 28 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of John Tanner <hr/> Mailing Address Post Office Box 1994 Post Office Box 1994 <hr/> City Union City State TN Zip Code 38281 <hr/> Purpose of Disbursement <hr/> Candidate Name John S. Tanner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3F880FFD-7F88-4CF1-9 Date of Disbursement 04 / 15 / 2008
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Mark Warner	Transaction ID: FC7F68F5-B5B9-41EE-9
	Mailing Address 201 North Union Street Suite 300	Date of Disbursement 06 / 26 / 2008
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mark R. Warner	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Mary Landrieu Inc	Transaction ID: 205ED103-4D90-42FB-A
	Mailing Address 607 14th Street NW Suite 800 Suite 1434	Date of Disbursement 06 / 26 / 2008
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mary L. Landrieu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Max Baucus	Transaction ID: DF458195-DF37-40B0-9
	Mailing Address Box 586	Date of Disbursement 04 / 15 / 2008
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Max S. Baucus	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement <hr/> Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FF5ECDAD-9EB5-40B6-8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District:
B. Full Name (Last, First, Middle Initial) Griffith for Congress <hr/> Mailing Address PO Box 2916 <hr/> City Huntsville State AL Zip Code 35804 <hr/> Purpose of Disbursement <hr/> Candidate Name Parker Griffith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 84703DE7-DD89-4D7D-8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AL District: 05
C. Full Name (Last, First, Middle Initial) Jackie Speier for Congress <hr/> Mailing Address Post Office Box 112 <hr/> City Burlingame State CA Zip Code 94011 <hr/> Purpose of Disbursement <hr/> Candidate Name K. Jacqueline Speier <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75196AAF-931E-489C-9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 12

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jim Risch for U S Senate Committee	Transaction ID: 6680203F-FF45-4BFA-A
	Mailing Address 5400 S Cole Road	Date of Disbursement 04 / 04 / 2008
	City Boise State ID Zip Code 83709	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name James E. Risch	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District:	
B.	Full Name (Last, First, Middle Initial) John Shadeggs Friends	Transaction ID: 5BDAB95E-9C60-451B-8
	Mailing Address PO Box 45444	Date of Disbursement 04 / 15 / 2008
	City Phoenix State AZ Zip Code 85064	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name John Shadegg	
	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: AZ District: 03	
C.	Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress	Transaction ID: 710B0306-0D1C-43AD-9
	Mailing Address 111 NW 183rd Street Suite 325	Date of Disbursement 04 / 15 / 2008
	City Miami State FL Zip Code 33169	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	011 Category/Type
	Candidate Name Kendrick B. Meek	
	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	

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement <hr/> Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF3445FC-F9BA-42AB-8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) Lungren for Congress <hr/> Mailing Address 9321 Silverbend Lane <hr/> City Elk Grove State CA Zip Code 95624 <hr/> Purpose of Disbursement <hr/> Candidate Name Daniel E. Lungren <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 65A0E347-EA57-4D45-9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Maloney for Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement <hr/> Candidate Name Carolyn B. Maloney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 550FBB68-F3EB-407E-9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Matheson for Congress <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement <hr/> Candidate Name Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5D3394E3-070E-4108-8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) McConnell Senate Committee '14 <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement <hr/> Candidate Name Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AC387DC5-A8A7-44A1-A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) McConnell Senate Committee '14 <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement <hr/> Candidate Name Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2226F620-C137-4685-A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Nathan Deal for Congress <hr/> Mailing Address PO Box 902 PO Box 902 <hr/> City Gainesville State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name Nathan Deal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F31496DF-A1B5-4B41-9 Date of Disbursement 06 / 27 / 2008
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement <hr/> Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2F74485C-6B4E-4104-9 Date of Disbursement 06 / 26 / 2008
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc <hr/> Mailing Address PO Box 433 <hr/> City Great Bend State KS Zip Code 67530 <hr/> Purpose of Disbursement <hr/> Candidate Name Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2312141C-ACCA-4887-B Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Reed Committee <hr/> Mailing Address PO Box 8628 <hr/> City Cranston State RI Zip Code 02920 <hr/> Purpose of Disbursement <hr/> Candidate Name Jack Reed <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 60C5F181-0025-4DC1-A Date of Disbursement 06 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Stabenow for Us Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement <hr/> Candidate Name Deborah Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 818FA419-F3AD-42C0-9 Date of Disbursement 06 / 26 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn Inc <hr/> Mailing Address PO Box 13026 Suite 180 <hr/> City Austin State TX Zip Code 78711 <hr/> Purpose of Disbursement <hr/> Candidate Name John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D47D8085-C96C-4108-9 Date of Disbursement 06 / 16 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Wicker for Senate

Mailing Address PO Box 64

City Jackson State MS Zip Code 39205

Purpose of Disbursement

Candidate Name
Roger F. Wicker

Office Sought: House
 Senate
 President

State: MS District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 624F8BE2-8B98-4ECA-8

Date of Disbursement

06 / 30 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

102500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 65

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

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

A.

Full Name (Last, First, Middle Initial)
The Constance Campaign

Transaction ID: 27616-7139093279838

Date of Disbursement

Mailing Address 2541 Tamiami Trail

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	0	8

City State Zip Code
Port Charlotte FL 33952

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Nonfederal Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00
