FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) ▼ 444 E Algonquin Rd

☐ Check if different than previously reported. (ACC)

Arlington Heights | IL | 60005 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C 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 Year-End 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) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM 11 / DD 04 / YYYY 2014 in the State of IL

5. Covering Period MM 10 / DD 01 / YYYY 2014 through MM 11 / DD 24 / YYYY 2014

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 Dr. Richard Greco MD

Signature of Treasurer *Dr. Richard Greco MD* ***[Electronically Filed]*** Date MM 12 / DD 04 / YYYY 2014

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 10 / 01 / 2014 To: 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		66393.81
(b) Cash on Hand at Beginning of Reporting Period	27946.60	
(c) Total Receipts (from Line 19)	14459.34	130437.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42405.94	196830.83
7. Total Disbursements (from Line 31)	15114.04	169538.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27291.90	27291.90
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 10 / 01 / 2014 To: 11 / 24 / 2014

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)	11984.34	104261.18
(ii) Unitemized	2475.00	26175.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	14459.34	130437.02
(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) ▶	14459.34	130437.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	14459.34	130437.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	14459.34	130437.02

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	114.04	2388.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	114.04	2388.93
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	162000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	150.00
29. Other Disbursements	5000.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15114.04	169538.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	15114.04	169538.93

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)	14459.34	130437.02
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14459.34	130287.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	114.04	2388.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	114.04	2388.93

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial): David L. Abramson MD
Mailing Address: 363 Grand Ave
City: Englewood
State: NJ
Zip Code: 07631-4104
FEC 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: 10 / 01 / 2014
Transaction ID : F2DEA77A-45F1-4C46-
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): M. Hugh Bailey MD FACS
Mailing Address: 4 Clearview
City: Newport Coast
State: CA
Zip Code: 92657-1518
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 275.00
Date of Receipt: 10 / 09 / 2014
Transaction ID : 4BC59218B97D738BA7B2
Amount of Each Receipt this Period: 25.00

C.
Full Name (Last, First, Middle Initial): M. Hugh Bailey MD FACS
Mailing Address: 4 Clearview
City: Newport Coast
State: CA
Zip Code: 92657-1518
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 275.00
Date of Receipt: 11 / 09 / 2014
Transaction ID : 416198DB6848C41E6BC9
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial): Anureet K. Bajaj MD
Mailing Address: 8106 N May Ave, Ste B
City: Oklahoma City State: OK Zip Code: 73120-4524
FEC 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: 10 / 13 / 2014
Transaction ID : A9AA0453EF7C43D19484
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Michael E. Blatner MD
Mailing Address: 16259 Sylvester Rd SW, Ste 302
City: Burien State: WA Zip Code: 98166-3059
FEC 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: 10 / 28 / 2014
Transaction ID : 68C0EE5AD9D14A0881E0
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): James Boehmler MD
Mailing Address: 1250 8th Ave, Ste 570
City: Fort Worth State: TX Zip Code: 76104-4145
FEC 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: 10 / 08 / 2014
Transaction ID : 0897ABA6-B525-4B30-
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

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

A. Full Name (Last, First, Middle Initial): Jennifer E. Boll MD
Mailing Address: 2034 E Southern Ave, Ste Y
City: Tempe State: AZ Zip Code: 85282-7519
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 / 16 / 2014
Transaction ID : DB929DD9AFB34F37AE9D
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial): Theodore A. Calianos MD
Mailing Address: 151 Whitmar Rd
City: Cotuit State: MA Zip Code: 02635-2931
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.70
Date of Receipt: 10 / 21 / 2014
Transaction ID : 4D3497E1B22D53944624
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Theodore A. Calianos MD
Mailing Address: 151 Whitmar Rd
City: Cotuit State: MA Zip Code: 02635-2931
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.70
Date of Receipt: 11 / 21 / 2014
Transaction ID : 401E84383EFF2E401E93
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 383.34

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

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ITEMIZED RECEIPTS

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

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

Mailing Address 2341 Lime Kiln Ln

City: Louisville
State: KY
Zip Code: 40222-3460

FEC 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: 10 / 08 / 2014

Transaction ID : 3940C1B2ACA94165A828

Amount of Each Receipt this Period: 250.00

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

Mailing Address 4917 Mill Hill Ln

City: Chapel Hill
State: NC
Zip Code: 27517-7447

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1006.50

Date of Receipt: 10 / 20 / 2014

Transaction ID : 4A73BE746E1F20621F06

Amount of Each Receipt this Period: 91.50

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

Mailing Address 4917 Mill Hill Ln

City: Chapel Hill
State: NC
Zip Code: 27517-7447

FEC ID number of contributing federal political committee.: C

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1006.50

Date of Receipt: 11 / 20 / 2014

Transaction ID : 4D8B9A4006E453DBE77B

Amount of Each Receipt this Period: 91.50

SUBTOTAL of Receipts This Page (optional) ▶ 433.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address Boston Center/Ambulatory Surgery

City: Boston
State: MA
Zip Code: 02116-2704

FEC 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: 10 / 02 / 2014

Transaction ID : 4D1F81EB277048E5ADBE

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Vincent D. Dinick MD

Mailing Address 200 Arnet St
Ste 180

City: Ypsilanti
State: MI
Zip Code: 48198-5753

FEC 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: 10 / 28 / 2014

Transaction ID : 5D6875C015FB42EABEE7

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 2799 W Grand Blvd
Plastic Surgery Clinic

City: Detroit
State: MI
Zip Code: 48202-2608

FEC 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: 10 / 28 / 2014

Transaction ID : F3A16618095E40DE895C

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

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

A. Full Name (Last, First, Middle Initial)
Douglas L. Forman MD

Mailing Address 11210 Old Georgetown Rd
Plastic Surgery Institute of Washi

City: North Bethesda
State: MD
Zip Code: 20852-3202

FEC 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: 10 / 28 / 2014
Transaction ID : 70D5D44FA42F46A6A271

Amount of Each Receipt this Period: 250.00

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

Mailing Address Apartment 19Ab

City: New York
State: NY
Zip Code: 10075

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 10 / 11 / 2014
Transaction ID : 4E19815EECE1869E48F1

Amount of Each Receipt this Period: 90.00

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

Mailing Address Apartment 19Ab

City: New York
State: NY
Zip Code: 10075

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 11 / 11 / 2014
Transaction ID : 4C0F84A3BA6D4FFFDDB8

Amount of Each Receipt this Period: 90.00

SUBTOTAL of Receipts This Page (optional) ▶ 430.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Christopher Godek MD

Mailing Address 1430 Hooper Ave
Ste 200

City: Toms River
State: NJ
Zip Code: 08753-2895

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 13 / 2014

Transaction ID : 4A7FD6C3BF2B45C5904E

Amount of Each Receipt this Period: 1000.00

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

Mailing Address 5361 Reynolds St

City: Savannah
State: GA
Zip Code: 31405-6014

FEC ID number of contributing federal political committee. C

Name of Employer: The Georgia Institute For Plastic Surg
Occupation: CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 08 / 2014

Transaction ID : 010D06D2-C8CC-4DBD-

Amount of Each Receipt this Period: 250.00

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

Mailing Address 4600 Hale Pkwy
Ste 100

City: Denver
State: CO
Zip Code: 80220-4000

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 13 / 2014

Transaction ID : 435AAB0FA2BDBC3F4CD9

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial): William H. Huffaker MD
Mailing Address: 134 Pinehurst Estates Dr
City: Saint Louis State: MO Zip Code: 63141-8041
FEC ID number of contributing federal political committee: C
Name of Employer: St. Louis Cosmetic Surgery
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 11 / 12 / 2014
Transaction ID : 4AA79784323A64F4E8F9
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Debra J. Johnson MD
Mailing Address: 3500 Cutter Way
City: Sacramento State: CA Zip Code: 95818-4442
FEC ID number of contributing federal political committee: C
Name of Employer: The Plastic Surgery Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 10 / 11 / 2014
Transaction ID : 48A38BD8C22DE8243D89
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Debra J. Johnson MD
Mailing Address: 3500 Cutter Way
City: Sacramento State: CA Zip Code: 95818-4442
FEC ID number of contributing federal political committee: C
Name of Employer: The Plastic Surgery Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 11 / 2014
Transaction ID : 4CAFA5ADC1F090FB15AA
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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): Geoffrey R. Keyes MD
Mailing Address: 2080 Century Park E, Ste 1202
City: Los Angeles State: CA Zip Code: 90067-2021
FEC 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: 10 / 13 / 2014
Transaction ID : 98573465F1C44B53BFB7
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): William M. Kuzon MD, Ph.D.
Mailing Address: 4665 Fox Sedge Ct
City: Dexter State: MI Zip Code: 48130-9373
FEC ID number of contributing federal political committee: C
Name of Employer: University of Michigan - Plastic Surge
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 10 / 23 / 2014
Transaction ID : 4DA1A7C0EE8B59E92871
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): William M. Kuzon MD, Ph.D.
Mailing Address: 4665 Fox Sedge Ct
City: Dexter State: MI Zip Code: 48130-9373
FEC ID number of contributing federal political committee: C
Name of Employer: University of Michigan - Plastic Surge
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11 / 23 / 2014
Transaction ID : 471EAF5857B0962D77D4
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

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

Mailing Address

City: Iowa City
State: IA
Zip Code: 52240

FEC 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: 10 / 30 / 2014

Transaction ID : 41368581F21A76A0636F

Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Ronald A. Lohner MD

Mailing Address: Building I Suite 200

City: Rosemont
State: PA
Zip Code: 19010

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 10 / 02 / 2014

Transaction ID : 4A2F8D1B26B34FD5A7A5

Amount of Each Receipt this Period: 250.00

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

Mailing Address: 3 Brook Ridge Ct

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

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 10 / 29 / 2014

Transaction ID : 4843914C9A05B89770D8

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 315.00

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

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

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

Mailing Address 6906 Sewanee St

City: Houston
State: TX
Zip Code: 77025-1348

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 10 / 14 / 2014
Transaction ID : 4976AD41CC108162760B

Amount of Each Receipt this Period: 90.00

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

Mailing Address 6906 Sewanee St

City: Houston
State: TX
Zip Code: 77025-1348

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 11 / 20 / 2014
Transaction ID : 4BDFB5A6CD5422622DF8

Amount of Each Receipt this Period: 90.00

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

Mailing Address 1630 23rd Ave
Ste 901A

City: Lewiston
State: ID
Zip Code: 83501-6358

FEC 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: 10 / 16 / 2014
Transaction ID : D76904A653C84D54B7DA

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 430.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

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

Mailing Address 330 Cedar St
Boardman Building, 3rd Floor, Rm33

City: New Haven
State: CT
Zip Code: 06510-3218

FEC ID number of contributing federal political committee. C

Name of Employer: Yale Plastic Surgery
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 13 / 2014

Transaction ID : D7811123A5C2490F9D13

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Allen D. Rosen MD

Mailing Address 37 N Fullerton Ave

City: Montclair
State: NJ
Zip Code: 07042-3426

FEC 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: 10 / 13 / 2014

Transaction ID : 58019A04112648D7AE70

Amount of Each Receipt this Period: 250.00

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

Mailing Address 2603 Keiser Blvd
Ste 207

City: Wyomissing
State: PA
Zip Code: 19610-3341

FEC 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: 10 / 13 / 2014

Transaction ID : 96EA6E663AC84F0499A4

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: (check only one)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A.
Full Name (Last, First, Middle Initial): Brendan E. Smith MD
Mailing Address: 16 Okatie Center Blvd S, Ste 101
City: Okatie State: SC Zip Code: 29909-7535
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 10 / 25 / 2014
Transaction ID : 4F319C6D1EE931E8E78C
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial): David H. Song MD, Mba, F
Mailing Address: 5841 S Maryland Ave, M/C 6035
City: Chicago State: IL Zip Code: 60637-1447
FEC ID number of contributing federal political committee: C
Name of Employer: University of Chicago Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 10 / 01 / 2014
Transaction ID : 08CC8703-D69D-4E2A-
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Timothy A. Treece MD
Mailing Address: 4971 Arlington Centre Blvd
City: Columbus State: OH Zip Code: 43220-2910
FEC ID number of contributing federal political committee: C
Name of Employer: Columbus Aesthetic & Plastic Surgery
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2000.00
Date of Receipt: 10 / 13 / 2014
Transaction ID : FA847E56690A4336BAA8
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2625.00

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial)
Ian L. Valerio MD

Mailing Address 8901 Wisconsin Ave
Wrnmmc Plastic Surgery

City: Bethesda
State: MD
Zip Code: 20889-0004

FEC 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: 10 / 13 / 2014

Transaction ID : 2562331DFA3644D19E2A

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
William A. Wallace MD, FACS

Mailing Address

City: St. Johns
State: FL
Zip Code: 32259

FEC ID number of contributing federal political committee. C

Name of Employer: Coastal Cosmetic Center
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 10 / 17 / 2014

Transaction ID : 4508933A75607CB16479

Amount of Each Receipt this Period: 84.00

C. Full Name (Last, First, Middle Initial)
William A. Wallace MD, FACS

Mailing Address

City: St. Johns
State: FL
Zip Code: 32259

FEC ID number of contributing federal political committee. C

Name of Employer: Coastal Cosmetic Center
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 11 / 17 / 2014

Transaction ID : 4F249ADFE6F9CF764682

Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ▶ 418.00

TOTAL This Period (last page this line number only) ▶ 11984.34

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 31 / Y Y Y Y 2014
Transaction ID : 6C51262DD74ACE2812A
Amount of Each Disbursement this Period: 114.04

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 114.04

TOTAL This Period (last page this line number only) ▶ 114.04

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Bill Cassidy for US Senate
Mailing Address: PO Box 80505
City: Baton Rouge State: LA Zip Code: 70898
Purpose of Disbursement: 2014 Run-Off
Category/Type: 011
Candidate Name: William Cassidy
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District:
Disbursement For: 2014 ☐ Primary ☐ General ☒ Other (specify) Runoff
Date of Disbursement: 11 / 18 / 2014
Transaction ID : 91765E71E5029AE2D1B
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Pat Roberts for U.S. Senate, Inc.
Mailing Address: PO Box 433
City: Great Bend State: KS Zip Code: 67530
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Pat Roberts
Office Sought: ☐ House ☒ Senate ☐ President
State: KS District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 28 / 2014
Transaction ID : AACBD1DDC9E40D464A4
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 10000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): The National Republican Senatorial Committee
Mailing Address: 425 2nd Street NE
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: Nonfederal Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 28 / Y Y Y Y 2014
Transaction ID : 33314182F5C6C4AF4BD
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 5000.00