

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2008 through 09 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.

Table with 10 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

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 .....	56448.57									
(c) Total Receipts (from Line 19) .....	51585.00	130210.33								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108033.57	221898.19								
7. Total Disbursements (from Line 31) .....	80182.68	194047.30								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27850.89	27850.89								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	40360.00	103593.00
(ii) Unitemized .....	11225.00	23850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	51585.00	127443.00
(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) .....	51585.00	127443.00
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)) .....	51585.00	130210.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51585.00	130210.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1182.68	2047.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1182.68	2047.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	191500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	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))..	80182.68	194047.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80182.68	194047.30

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	51585.00	127443.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51585.00	127443.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1182.68	2047.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1182.68	2047.30

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 47
(check only one)	
<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"/>	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Atul K. Amin, MD		Date of Receipt																				
	Mailing Address 3729 Easton Nazareth Highway Suite 201		<table border="1"><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>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	9		1	1		2	0	0	8													
	City	State	Zip Code	<b>Transaction ID:</b> 9004B8EE-C70C-4D44-9																			
	Easton	PA	18045	Amount of Each Receipt this Period																			
FEC ID number of contributing federal political committee. <b>C</b>			<table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																							
Name of Employer Self		Occupation																					
Self		Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		<table border="1"><tr><td>250.00</td></tr></table>	250.00																				
250.00																							

<b>B.</b>	Full Name (Last, First, Middle Initial) Freddie T. Barron, MD		Date of Receipt																				
	Mailing Address 1504 Kensington Drive		<table border="1"><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>8</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	8		1	3		2	0	0	8													
	City	State	Zip Code	<b>Transaction ID:</b> 20EC99C7-D0C4-447B-A																			
	Knoxville	TN	37922	Amount of Each Receipt this Period																			
FEC ID number of contributing federal political committee. <b>C</b>			<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																							
Name of Employer Self		Occupation																					
Self		Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																				
1000.00																							

<b>C.</b>	Full Name (Last, First, Middle Initial) John Brian Boyd, MD		Date of Receipt																				
	Mailing Address 1000 W. Carson Street Bldg 1E		<table border="1"><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>7</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	7		3	0		2	0	0	8													
	City	State	Zip Code	<b>Transaction ID:</b> 79ACA20C-08BA-4D5A-9																			
	Torrance	CA	90509	Amount of Each Receipt this Period																			
FEC ID number of contributing federal political committee. <b>C</b>			<table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																							
Name of Employer J. Brian Boyd MD, Inc.		Occupation																					
J. Brian Boyd MD, Inc.		Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																					
		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																				
1000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>1750.00</td></tr></table>	1750.00
1750.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 47

(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 Brian Boyd, MD

Mailing Address 1000 W Carson Street  
Bldg 1E

City State Zip Code  
Torrance CA 90509

FEC ID number of contributing federal political committee. C

Name of Employer J. Brian Boyd MD, Inc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2008

**Transaction ID:** 371E06DD-5965-4CB1-8

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Roger T. Brill, MD

Mailing Address 6520 NW 9th Blvd.

City State Zip Code  
Gainesville FL 32605

FEC 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 08 / 18 / 2008

**Transaction ID:** 2A908008-1D33-48D4-A

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth P. Brown, MD

Mailing Address 201 Turner St.

City State Zip Code  
Clearwater FL 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 ▼ 600.00

Date of Receipt 08 / 27 / 2008

**Transaction ID:** 0459031F-84EC-474C-9

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 9 / 47  
(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)  
A. Jay Burns, MD

Mailing Address 9101 W. Central Expressway  
Ste 600

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 ▼  
300.00

Date of Receipt  
08 / 13 / 2008

**Transaction ID:** 16C88EBA-9D16-482C-A

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
John A. Butler, MD

Mailing Address 425 Pine Ridge Blvd.

City Wausau State WI Zip Code 54401

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
07 / 10 / 2008

**Transaction ID:** FE94ED79-6239-402F-8

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Richard F. Carver, MD

Mailing Address 7236 Jordan Drive

City Rapid City State SD Zip Code 57702

FEC 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  
09 / 25 / 2008

**Transaction ID:** 8E4EC19A-D588-4858-B

Amount of Each Receipt this Period  
250.00

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

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stefan G. Chevalier, MD

Mailing Address 75 Crystal Run Rd.

City Middletown State NY Zip Code 10941

FEC 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 07 / 22 / 2008

Transaction ID: 061832C4-6F08-4578-B

Amount of Each Receipt this Period 300.00

**B.**

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

Mailing Address 107 Monmouth Rd Ste 106

City West Long Branch State NJ Zip Code 07764-1021

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

Name of Employer Central Jersey Plastic Surgery Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 07 / 2008

Transaction ID: 75623727-5B03-4C04-9

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane L. Colgan, MD

Mailing Address 9800 Falls Road

City Potomac State MD Zip Code 20854

FEC 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 07 / 10 / 2008

Transaction ID: 90111702-0A69-460C-8

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 47  
(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)  
Mary Ann Contogiannis, MD

Mailing Address 211 State Street

City Greensboro State NC Zip Code 27408

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 10 / 2008  
**Transaction ID:** B5640F0D-E82A-4102-8  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1428 Central Ave., NE

City East Grand Forks State MN Zip Code 56721

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

Name of Employer Red River Plastic Surgery Clinic Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2008  
**Transaction ID:** 5293FE11-9742-4ECF-8  
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 8823 San Jose Blvd. Ste 301

City Jacksonville State FL Zip Code 32217

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 08 / 2008  
**Transaction ID:** CD878D33-4D17-4A7A-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: (check only one)	PAGE 12 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gary R. Culbertson, MD		Date of Receipt MM / DD / YYYY 07 / 10 / 2008		
	Mailing Address 18 Miller Road		<b>Transaction ID:</b> 499BB5EB-CD96-4695-8		
	City Sumter	State SC	Zip Code 29150	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Iris Surgery Center	Occupation Director Iris Surger			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) James R. Cullington, MD		Date of Receipt MM / DD / YYYY 08 / 27 / 2008		
	Mailing Address 1010 W. 9th St.		<b>Transaction ID:</b> 7A816821-C02B-4CA9-9		
	City Austin	State TX	Zip Code 78703	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Bruce L. Cunningham, MD		Date of Receipt MM / DD / YYYY 09 / 30 / 2008		
	Mailing Address 420 Delaware Street SE Mmc195		<b>Transaction ID:</b> A7E1E89B-B161-4149-A		
	City Minneapolis	State MN	Zip Code 55455	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 13 / 47

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard A. D'Amico, MD

Mailing Address 180 N Dean St  
Ste 3N

City Englewood State NJ Zip Code 07631-2541

FEC 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 09 / 22 / 2008

**Transaction ID:** 74DE0530-51FE-4505-9

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Bruce L. Daniels, MD

Mailing Address 375 Rolling Oaks Drive

City Thousand Oaks State CA Zip Code 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 ▼ 250.00

Date of Receipt 07 / 17 / 2008

**Transaction ID:** 4AA99460-E7FB-428E-B

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Barry E. DiBernardo, MD

Mailing Address 29 Park St

City Montclair State NJ Zip Code 07042-3407

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 08 / 2008

**Transaction ID:** BB0F38B1-9D1B-4821-A

Amount of Each Receipt this Period 500.00

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

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ryan Flannagan, MD	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address 2005 Saint Charles St. Ste 4	<b>Transaction ID:</b> FCF71D1D-E355-4ADB-8
	City Jasper State IN Zip Code 47546	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>B.</b>	Full Name (Last, First, Middle Initial) Stephen P. Fox, MD	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 425 Pine Ridge Blvd.	<b>Transaction ID:</b> D3DAFDC5-9F6E-4D98-8
	City Wausau State WI Zip Code 54401	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>C.</b>	Full Name (Last, First, Middle Initial) Harold I. Friedman, MD	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 2 Richland Medical Park Suite 402	<b>Transaction ID:</b> 2D5795CD-4B7D-4A02-A
	City Columbia State SC Zip Code 29203	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of South Carolina Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert L. Gerding, MD	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 303 East Royalton Road Ste 202	<b>Transaction ID:</b> 8F4AB9AE-582F-4580-8
	City State Zip Code Broadview Heights OH 44147	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>B.</b>	Full Name (Last, First, Middle Initial) Peter F. Giacobazzi, MD	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 433 N. Camden Drive Ste 1170	<b>Transaction ID:</b> B041D9FD-77A4-48BC-8
	City State Zip Code Beverly Hills CA 90210	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>C.</b>	Full Name (Last, First, Middle Initial) Cynthia A. Glass, MD	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 331 Doucet Road	<b>Transaction ID:</b> B66271B5-23CE-4CE3-8
	City State Zip Code Lafayette LA 70503	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> 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 16 / 47

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bruce Greenstein, MD

Mailing Address 327 Heathcote Road

City State Zip Code  
Scarsdale NY 10583

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

Name of Employer Self Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2008

Transaction ID: FDFD8EA5-BB41-4D60-A

Amount of Each Receipt this Period

300.00

**B.**

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

Mailing Address 50 S. Mateo Drive

City State Zip Code  
San Mateo CA 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 ▼ 730.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 25 / 2008

Transaction ID: 1991AABC-5545-4AB1-A

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)  
Arturo K. Guiloff, MD

Mailing Address 2865 Pga Boulevard

City State Zip Code  
Palm Beach FL 33410

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

Name of Employer Estetica Institute Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 27 / 2008

Transaction ID: 34A73AB3-E470-4A4C-8

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 47  
(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)  
Manish R. Gupta, MD

Mailing Address 1050 Isaac Street Drive  
Suite 136

City State Zip Code  
Oregon OH 43616

FEC 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  
07 / 30 / 2008

**Transaction ID:** 2057EDDB-ADC8-49A5-A

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric Halvorson, MD

Mailing Address 7040 Burnett Womack Bldg  
Campus Box 7195

City State Zip Code  
Chapel Hill NC 27599

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

Name of Employer University of North Carolina Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2008

**Transaction ID:** 244B7079-4C22-4708-8

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michelle Y. Hardaway, MD

Mailing Address 27929 Orchard Lake Road

City State Zip Code  
Farmington Hills MI 48334

FEC 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  
08 / 04 / 2008

**Transaction ID:** 23B7BB7C-6DF0-4BE6-8

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 18 / 47  
(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)  
Jon F. Harrell, MD  
 Mailing Address 2133 N. Commerce Pkwy  
 City State Zip Code  
 Fort Lauderdale FL 33326  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2008  
**Transaction ID:** CF605D8B-AEB6-48CD-A  
 Amount of Each Receipt this Period  
 500.00  
 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

**B.** Full Name (Last, First, Middle Initial)  
Thomas J. Hubbard, MD  
 Mailing Address 396 S. Witchduck Rd.  
 Ste 100  
 City State Zip Code  
 Virginia Beach VA 23462  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2008  
**Transaction ID:** E62B0EC2-6A37-45D8-A  
 Amount of Each Receipt this Period  
 500.00  
 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

**C.** Full Name (Last, First, Middle Initial)  
Joseph Paul Hunstad, MD  
 Mailing Address 8605 Cliff Cameron Dr.  
 Ste 100  
 City State Zip Code  
 Charlotte NC 28269  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 08 / 2008  
**Transaction ID:** 6BC91928-50AB-4B2C-B  
 Amount of Each Receipt this Period  
 400.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation  
 Self President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 47  
(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 Jervis, MD		Date of Receipt MM / DD / YYYY 09 / 08 / 2008
Mailing Address 1844 San Miguel Drive Ste 109		<b>Transaction ID:</b> B673DEA2-7429-4991-A
City Walnut Creek	State Zip Code CA 94596	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Dean P. Kane, MD		Date of Receipt MM / DD / YYYY 07 / 22 / 2008
Mailing Address 1 Reservoir Circle Ste 201		<b>Transaction ID:</b> E06BD461-AF2A-4992-B
City Baltimore	State Zip Code MD 21208	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer The Center for Anti- Aging Medicine &	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) Kamran Khoobehi, MD		Date of Receipt MM / DD / YYYY 09 / 03 / 2008
Mailing Address 3901 Veterans Blvd.		<b>Transaction ID:</b> 2016A23C-A993-4DED-8
City Metairie	State Zip Code LA 70002	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	650.00
<b>TOTAL</b> 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 / 47  
(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)  
Ary Krau, MD

Mailing Address 1143 Kane Concourse

City State Zip Code  
Bay Harbor Islands FL 33154

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2008

**Transaction ID:** 628198A8-59BA-484F-B

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
William M. Kuzon, MD

Mailing Address 4665 Fox Sedge Ct

City State Zip Code  
Dexter MI 48130-9373

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  
09 / 30 / 2008

**Transaction ID:** 6B5C24A4BC3D50673C2

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Edmund K. Kwan, MD

Mailing Address 302 E. 72nd St.

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  
07 / 10 / 2008

**Transaction ID:** 93F853FB-FB8B-41BC-B

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 47  
(check only one)

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

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

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

Mailing Address 350 S 8th St.

City State Zip Code  
West Dundee IL 60118

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

Name of Employer Valley Plastic Surgery Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
08 / 04 / 2008

**Transaction ID:** 09A54E4B-1135-498E-9

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Ernest G. Layton, MD

Mailing Address 6243 Fairmont Pkwy Ste 204

City State Zip Code  
Pasadena TX 77505

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
07 / 10 / 2008

**Transaction ID:** C1CA5D08-771D-4089-B

Amount of Each Receipt this Period 500.00

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

Mailing Address One Aesthetic Way

City State Zip Code  
Greensburg PA 15601

FEC 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  
09 / 03 / 2008

**Transaction ID:** BAE0ED34-F8D2-4EFE-B

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gilbert W. Lee, MD	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 11515 El Camino Road Suite 150	<b>Transaction ID:</b> 09FF4603-B856-4A1A-8
	City State Zip Code San Diego CA 92130	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>B.</b>	Full Name (Last, First, Middle Initial) Lyle S. Leipziger, MD	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 825 Northern Blvd.	<b>Transaction ID:</b> 883E3FC4-1BD6-4552-B
	City State Zip Code Great Neck NY 11021	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen F. Lex, MD	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 1020 N. San Francisco St.	<b>Transaction ID:</b> 9CF6BCDE-4ACE-40DD-B
	City State Zip Code Flagstaff AZ 86001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John T. Lindsey, MD	Date of Receipt MM / DD / YYYY 07 / 07 / 2008
	Mailing Address 4228 Houma Blvd.	<b>Transaction ID:</b> 1EE2BD2A-9711-4C3B-8
	City State Zip Code Metairie LA 70006	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self: Physician Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J. Loverme, MD	Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 825 Bloomfield Ave	<b>Transaction ID:</b> 4CB092ED-4BDC-4741-A
	City State Zip Code Verona NJ 07044-1366	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self: Physician Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marcel M. Malek, MD	Date of Receipt MM / DD / YYYY 09 / 08 / 2008
	Mailing Address 8438 E. Shea Blvd.	<b>Transaction ID:</b> 64450619-FD93-46F5-B
	City State Zip Code Scottsdale AZ 85260	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self: Physician Occupation: Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> 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 / 47  
(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 A. Marzek, MD

Mailing Address 1879 Nightingale Lane

City State Zip Code  
Tavares FL 32778

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  
08 / 20 / 2008

**Transaction ID:** 8C80752F-9E82-474C-9

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Toby R. Meltzer, MD

Mailing Address 7025 N. Scottsdale Rd.  
Suite 302

City State Zip Code  
Scottsdale AZ 85253

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2008

**Transaction ID:** 9FB92257-7237-4635-8

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy A. Miller, MD

Mailing Address 200 UCLA Medical Plaza

City State Zip Code  
Los Angeles CA 90095

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  
07 / 10 / 2008

**Transaction ID:** 07C35789-46CD-4850-8

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 25 / 47  
(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)  
Roger C. Mixer, MD  
 Mailing Address 5201 N. Port Washington Rd.  
 City Milwaukee State WI Zip Code 53217  
 Date of Receipt 07 / 30 / 2008  
**Transaction ID:** CC75DC5E-6084-4043-8  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher J. Morea, MD  
 Mailing Address 7700 Lead Mine Road  
 City Raleigh State NC Zip Code 27615  
 Date of Receipt 08 / 04 / 2008  
**Transaction ID:** 7B2398DE-23E9-411D-9  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Channakeshava U. Nawada, MD  
 Mailing Address 1121 1st St. S  
 City Winter Haven State FL Zip Code 33880  
 Date of Receipt 07 / 24 / 2008  
**Transaction ID:** 3AA51677-CE5D-4CEB-A  
 Amount of Each Receipt this Period 350.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

**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 26 / 47  
(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)  
Galen Perdikis, MD

Mailing Address 4500 San Pablo Rd S

City Jacksonville State FL Zip Code 32224

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

Name of Employer Mayo Clinic Jacksonville Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 03 / 2008

**Transaction ID:** 8F46E9B9-0C74-4CC7-B

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Alan B. Pillersdorf, MD

Mailing Address 1620 S. Congress Ave.  
Ste 100

City Lake Worth State FL Zip Code 33461

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2008

**Transaction ID:** B4DD871F-9FC5-4755-B

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 1810 S. Coulter St.

City Amarillo State TX Zip Code 79106

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 22 / 2008

**Transaction ID:** 4D4B3AF4-D249-4DAA-9

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 27 / 47  
(check only one)

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

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

**A.**

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

Mailing Address 55 W Delaware Pl  
Apt 505

City State Zip Code  
Chicago IL 60610-6083

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

Name of Employer Self Occupation  
Self Executive Vice Presi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

**Transaction ID:** 66695B51C41A82542B0

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 1020 N. San Francisco St.

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2008

**Transaction ID:** 2B8BA0A1-6933-4B2D-8

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 6606 10th Ave. N.

City State Zip Code  
St. Petersburg FL 33710

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** 18A4950F-5F2E-4112-8

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 28 / 47  
(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)  
Matthew L. Romans, MD

Mailing Address 242 E. Romie Lane

City State Zip Code  
Salinas CA 93901

FEC 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 Y  
 07 / 07 / 2008

**Transaction ID:** DDA28A1A-2372-4BC4-8

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Malcolm Z. Roth, MD

Mailing Address 925 49th St.  
Maimonides Medical Center

City State Zip Code  
Brooklyn NY 11219

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

Name of Employer Maimonides Medical Center Occupation Director, Division o

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 18 / 2008

**Transaction ID:** 4199997C-8696-4D7F-A

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
George H. Sanders, MD

Mailing Address 16633 Ventura Blvd.  
Ste 110

City State Zip Code  
Encino CA 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  
 M M / D D / Y Y Y Y Y  
 09 / 17 / 2008

**Transaction ID:** 34A85242-C480-4C82-8

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 / 47  
(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)  
Benjamin Schlechter, MD

Mailing Address 114 Coventry Lane

City State Zip Code  
Wyomissing PA 19610

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  
09 / 22 / 2008

**Transaction ID:** 36990548-925B-4A15-9

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Petra R. Schneider-Redden, MD

Mailing Address 421S. 28th Ave. - St. 110  
Hattiesburg Clinic

City State Zip Code  
Hattiesburg MS 39401

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2008

**Transaction ID:** DC6242A9-9BBD-4D91-9

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Alan S. Serure, MD

Mailing Address 7300 SW 62nd Place

City State Zip Code  
South Miami FL 33143

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2008

**Transaction ID:** C45563D2-0A2F-4B4D-A

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 47  
(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 F. Seward

Mailing Address 2120 Pioneer Rd

City State Zip Code  
Evanston IL 60201-2515

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  
07 / 22 / 2008

**Transaction ID:** 55D24B1199DE3D8BE2F

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert K. Sigal, MD

Mailing Address 1825 Samuel Morse Drive

City State Zip Code  
Reston VA 20190

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2008

**Transaction ID:** 7DFC3C23-9E01-4CCD-B

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Raymond Leigh Smith, MD

Mailing Address 2210 Bressler Drive

City State Zip Code  
Wyomissing PA 19610

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  
08 / 20 / 2008

**Transaction ID:** E3618B21-157F-4D46-9

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 47  
(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)  
Wendell Smoot, MD

Mailing Address 9850 Genesee Ave.  
Ste 300

City State Zip Code  
La Jolla CA 92037

FEC 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  
08 / 13 / 2008

**Transaction ID:** 31BCF231-FA45-4095-A

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4 Grace Hill Ct

City State Zip Code  
Titusville NJ 08560-1446

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

Name of Employer Lawrenceville Plastic Surgery Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2008

**Transaction ID:** 2C29F1A0-16C1-4BDD-9

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Bethanne Snodgrass, MD

Mailing Address 5300 Garroun Road

City State Zip Code  
Sylvania OH 43560

FEC 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  
08 / 20 / 2008

**Transaction ID:** 5E717BF4-EB2A-472F-B

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John P. Stratis, MD	Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 2005 Technology Parkway Ste 440	<b>Transaction ID:</b> 141CDB7C-B2D0-41CA-8
	City State Zip Code Mechanicsburg PA 17050	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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>B.</b>	Full Name (Last, First, Middle Initial) William D. Strinden, MD	Date of Receipt MM / DD / YYYY 07 / 15 / 2008
	Mailing Address 116 Christie Drive	<b>Transaction ID:</b> ECBBC735-956D-4F8E-A
	City State Zip Code Lufkin TX 75904	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Lufkin Plastic Surgery Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark R. Sultan, MD	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 1100 Park Ave.	<b>Transaction ID:</b> DBAEB5B4-124D-4FAB-8
	City State Zip Code New York NY 10128	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> 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 / 47  
(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)  
Michael Suzman, MD

Mailing Address 1 Theall Road

City State Zip Code  
Rye NY 10580

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

Name of Employer The Westchester Medical Group  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2008

**Transaction ID:** E7422C94-1D3B-47DE-B

Amount of Each Receipt this Period  
150.00

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

Mailing Address 170 W 106th St.

City State Zip Code  
Indianapolis IN 46290

FEC 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  
09 / 30 / 2008

**Transaction ID:** B9A2A011-1538-4925-9

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Burr Von Maur, MD

Mailing Address 27800 Medical Center Road  
Suite 351

City State Zip Code  
Mission Viejo CA 92691

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

Name of Employer Self  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

**Transaction ID:** 1CD28728-C918-4680-8

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1015.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 47  
(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)  
Kim-Chi Vu, MD

Mailing Address 9555 SW Barnes Rd.

City State Zip Code  
Portland OR 97225

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2008

**Transaction ID:** 9F30CD43-7E38-45BF-A

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael J. Watanabe, MD

Mailing Address 24401 Calle De La Louisa

City State Zip Code  
Laguna Hills CA 32653

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2008

**Transaction ID:** 1979DF84-4D36-4598-8

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Verne M. Weisberg, MD

Mailing Address 222 Saint John St Ste 321

City State Zip Code  
Portland ME 04102-3059

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2008

**Transaction ID:** A235CDA0-2937-4718-B

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1165.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 47  
(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)  
Hans R. Wilhelmsen, MD

Mailing Address 304 Chapelwood Lane

City State Zip Code  
Timonium MD 21093

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2008

**Transaction ID:** 5BC17BB4-C0F2-4848-B

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4100 W. 15th St

City State Zip Code  
Plano TX 75093

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  
07 / 07 / 2008

**Transaction ID:** 7E8C3C03-3571-47D0-8

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Leonard T. Yu, MD

Mailing Address 33 Lono Ave.

City State Zip Code  
Kahului HI 96732

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

Name of Employer Self Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2008

**Transaction ID:** DF539954-62E8-4184-9

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 36 / 47  
(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. Zienowicz, MD

Mailing Address 2 Dudley St

City	State	Zip Code
Providence	RI	02905-3236

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

Name of Employer  
Self

Occupation  
Physician

Receipt For:

Primary     General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	8

Transaction ID: 2DB4110C-5EAB-4363-A

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40360.00

**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 37 / 47

<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

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

<b>A.</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: 4776CFA947CD37E140E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 579.28
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</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: 2E87A1B43596129371E Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 404.13
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</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: 45D80B073A6B157D9EA Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 199.27
	001 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1182.68

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

1182.68

# 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 38 / 47

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Becerra for Congress <hr/> Mailing Address PO Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement <hr/> Candidate Name Xavier Becerra <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81FB7CA3-70CF-4FDB-8 Date of Disbursement 09 / 22 / 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>B.</b> Full Name (Last, First, Middle Initial) Boyd for Congress <hr/> Mailing Address PO Box 15703 PO Box 15703 <hr/> City Tallahassee State FL Zip Code 32317 <hr/> Purpose of Disbursement <hr/> Candidate Name F. Allen Boyd, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6AD5D277-12BD-47F0-B Date of Disbursement 09 / 10 / 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>C.</b> Full Name (Last, First, Middle Initial) Citizens for Harkin <hr/> Mailing Address PO Box 811 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement <hr/> Candidate Name Tom Harkin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35AFC2EB-3E20-465B-9 Date of Disbursement 09 / 25 / 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, the <hr/> Mailing Address PO Box 1444 <hr/> City Ennis State TX Zip Code 75120 <hr/> Purpose of Disbursement <hr/> Candidate Name Joe L. Barton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CB238096-4C98-4CC7-A Date of Disbursement 09 / 16 / 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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement <hr/> Candidate Name Dave Camp <hr/> 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: 2B0E186B-1E7B-4B88-8 Date of Disbursement 09 / 22 / 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) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement <hr/> Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F20CE9FE-A7D2-49FC-B Date of Disbursement 08 / 18 / 2008
	Amount of Each Disbursement this Period 3000.00
	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) ..... ▶

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 993C124B-6850-4BA2-9 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Lois Capps Mailing Address PO Box 23940 City Santa Barbara State CA Zip Code 93121 Purpose of Disbursement Candidate Name Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2023214A-0150-438A-8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 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) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Max Baucus Mailing Address PO Box 586 City Helena State MT Zip Code 59624 Purpose of Disbursement 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) ▼	Transaction ID: D9BB7CF3-3595-4486-8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Rosa Delauro <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Rosa L. DeLauro 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: CT District: 03	Transaction ID: 42FD8F80-6207-45C0-8 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 8 / 1 8 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">5000.00</div>
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 09ADF915-604B-472B-9 Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 9 / 2 5 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div>
<b>C.</b>	Full Name (Last, First, Middle Initial) Guthrie for Congress <hr/> Mailing Address PO Box 9639 <hr/> City Bowling Green State KY Zip Code 42102 <hr/> Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Candidate Name Brett Guthrie 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: KY District: 02	Transaction ID: 44AE6780-698C-49D9-A Date of Disbursement <div style="border: 1px solid black; padding: 2px;">                     M M / D D / Y Y Y Y                      0 8 / 1 8 / 2 0 0 8                 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">8500.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"> </div>

**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><b>A.</b> Full Name (Last, First, Middle Initial) Jeanne Shaheen for Senate</p> <p>Mailing Address PO Box 1510</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Jeanne Shaheen</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) ▼ State: NH District:</p>	<p><b>Transaction ID:</b> 26A46AC6-BEE0-4B8B-B <b>Date of Disbursement</b> 09 / 25 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15</p>	<p><b>Transaction ID:</b> DA63308E-E7D1-4988-8 <b>Date of Disbursement</b> 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">5000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kirk for Senate</p> <p>Mailing Address PO Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mark Steven Kirk</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) ▼ State: IL District:</p>	<p><b>Transaction ID:</b> 74DF63F2-079A-450B-B <b>Date of Disbursement</b> 08 / 15 / 2008</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">3000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">10500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Maloney for Congress <hr/> Mailing Address 49 East 92nd Street <hr/> City New York State NY Zip Code 10128 <hr/> Purpose of Disbursement <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 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C759035F-CFB5-486E-B Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement <hr/> Candidate Name Michael C. Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 807D121B-D1F8-4D3D-8 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Our Future Political Action Committee <hr/> Mailing Address 1155 21st Street, NW Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement <hr/> Candidate Name Our Future Political Action Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7AFC5640-CD27-4AAB-A Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc <hr/> Mailing Address PO Box 433 <hr/> City State Zip Code Great Bend KS 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: DC115F33-EA14-4A71-A Date of Disbursement 09 / 17 / 2008
	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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City State Zip Code Fremont CA 94537 <hr/> Purpose of Disbursement <hr/> Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DFAEB47E-07F3-488C-9 Date of Disbursement 09 / 25 / 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) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Price for Congress <hr/> Mailing Address PO Box 425 <hr/> City State Zip Code Roswell GA 30077 <hr/> Purpose of Disbursement <hr/> Candidate Name Thomas E. Price <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 11A27889-E568-4142-9 Date of Disbursement 08 / 18 / 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) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Price for Congress  Mailing Address PO Box 425  City Roswell State GA Zip Code 30077  Purpose of Disbursement  Candidate Name Thomas E. Price  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32065D59-D3D5-4654-A Date of Disbursement 09 / 29 / 2008
	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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Rangel Victory Fund  Mailing Address 818 Connecticut Avenue NW Ste 1100  City Washington State DC Zip Code 20006  Purpose of Disbursement Contribution  Candidate Name Rangel Victory Fund  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) ▼	Transaction ID: 33516-7284356951713 Date of Disbursement 08 / 05 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund  Mailing Address 607 14th Street, N.W. Suite 800  City Washington State DC Zip Code 20005  Purpose of Disbursement  Candidate Name Searchlight Leadership Fund  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) ▼	Transaction ID: 0FB7ADD5-9FE2-413C-B Date of Disbursement 09 / 25 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Solis for Congress</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Hilda Solis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 32</p>	<p><b>Transaction ID:</b> D6F925DB-4560-4335-9 <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn Inc</p> <p>Mailing Address PO Box 13026 Suite 180</p> <p>City Austin State TX Zip Code 78711</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name John Cornyn</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) ▼ State: TX District:</p>	<p><b>Transaction ID:</b> DA9F0EA0-0445-4AE7-A <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address PO Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name Mark E. Udall</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) ▼ State: CO District:</p>	<p><b>Transaction ID:</b> 2764DF9B-A3B9-4506-B <b>Date of Disbursement:</b> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">29</span> / <span style="border: 1px solid black; padding: 2px;">2008</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: block; text-align: center;">2500.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 2px; display: block;">7500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px; display: block;"> </span>

**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) Udall for Us All		Transaction ID: C2058AFD-5E03-40B0-A	
	Mailing Address PO Box 25766		Date of Disbursement MM / DD / YYYY 08 / 18 / 2008	
	City Albuquerque	State NM	Zip Code 87125	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement		011	
	Candidate Name Tom Udall		Category/ Type	
	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: NM	District:		

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

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

79000.00