

**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 18 OF 76
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Cindy Wu MD
Full Name (Last, First, Middle Initial)

Mailing Address 130 Turvey Ct
130 Turvey Court

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 18 / 2015
Transaction ID : AD67C7ED5FD974434819

Amount of Each Receipt this Period
250.00

B. Stephen U Harris MD
Full Name (Last, First, Middle Initial)

Mailing Address 161 Cranberry Ct
161 Cranberry Court

City Melville State NY Zip Code 11747

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

Name of Employer Harris Plastic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 18 / 2015
Transaction ID : A37B470BE1B6B4143A63

Amount of Each Receipt this Period
1000.00

C. Warren A. Ellsworth IV, MD
Full Name (Last, First, Middle Initial)

Mailing Address 4028 Byron St

City Houston State TX Zip Code 77005-3630

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 18 / 2015
Transaction ID : AAF9B3866AEC34374848

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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