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

ADDRESS (number and street)

444 East Algonquin Rd

☐ Check if different than previously reported. (ACC)

CITY	STATE	ZIPCODE
Arlington Heights	IL	60005 –

2. **FEC IDENTIFICATION NUMBER** C00249342

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report(Q1)
- ☐ July 15 Quarterly Report(Q2)
- ☐ October 15 Quarterly Report(Q3)
- ☐ January 31 Quarterly Report(YE)
- ☒ July 31 Mid-Year Report(Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12G)

Election on ____ in the State of ____

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

Election on ____ in the State of ____

5. Covering Period 01 01 2007 through 06 30 2007

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: William Seward

Signature of Treasurer: Electronically Filed by William Seward — Date 07 30 2007

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

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name
American Society of Plastic Surgeons

Report Covering the Period: From: M M 01 D D 01 Y Y Y Y 2007 To: M M 06 D D 30 Y Y Y Y 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		55979.86
(b) Cash on Hand at Begining of Reporting Period	55979.86	
(c) Total Receipts (from Line 19)	13178.00	13178.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69157.86	69157.86
7. Total Disbursements (from Line 31)	36000.00	36000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33157.86	33157.86
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

[X] 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

Report Covering the Period: From: M M 01 D D 01 Y Y Y Y 2007 To: M M 06 D D 30 Y Y Y Y 2007

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)	9550.00	9550.00
(ii) Unitemized	1128.00	1128.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	10678.00	10678.00
(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) ..... ▶	10678.00	10678.00
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	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13178.00	13178.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13178.00	13178.00

DETAILED SUMMARY PAGE
of Disbursements

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

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	36000.00	36000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36000.00	36000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	36000.00	36000.00

DETAILED SUMMARY PAGE

of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	10678.00	10678.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10678.00	10678.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A.
Full Name (Last, First, Middle Initial)
Glenn A. Becker, MD
Mailing Address 330 E. 38th Street
City: New York State: NY Zip Code: 10016-2759
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 / 01 / 2007
Transaction ID: AE70E592B9750473EB27
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Paul** Loverme, MD
Mailing Address 825 Bloomfield Ave, Suite 205
City: Verona State: NJ Zip Code: 07044-1300
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 01 / 2007
Transaction ID: A2D499DD63E1E41F0A20
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Mary Ann Contogiannis, MD
Mailing Address 211 State St
City: Greensboro State: NC Zip Code: 27408-2151
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 03 / 01 / 2007
Transaction ID: A8AA4F89395E3470087C
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) ..... ▶

Image# 27990418420

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 15

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

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

A.
Full Name (Last, First, Middle Initial)
Loree Kalliainen
Mailing Address 7920 Hill Trail N.
City: Lake Elmo State: MN Zip Code: 55042-9533
FEC ID number of contributing federal political committee. C
Name of Employer: Plastic/Hand Surgery - Regions Hosp
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: A11D002C8BF1549C385B
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
James Gardner, MD
Mailing Address 7 Barlow Dr.
City: Colifor State: NJ Zip Code: 07830
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: A5B0B25DC3FD4469CA5B
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Gary Smotrich, MD
Mailing Address 3131 Princeton Pike
City: Lawrenceville State: NJ Zip Code: 08648-2207
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: A31BEBF6B538C4129852
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) 1500.00

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

Image# 27990418421

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 15

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

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

A.
Full Name (Last, First, Middle Initial): Steven A Teitelbaum
Mailing Address: Suite 350, 1301 Twentieth Street
City: Santa Monica State: CA Zip Code: 90404-2052
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: A1F65D1E878724A3EB20
Amount of Each Receipt this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Dan C Mills, II
Mailing Address: Suite 401, 31852 Pacific Coast Highway
City: Laguna Beach State: CA Zip Code: 92651
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: AE5C71F08B1BB473EB14
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Mr. Paul Pomerantz
Mailing Address: 444 E. Algonquin Rd
City: Arlington Heights State: IL Zip Code: 60005-4654
FEC ID number of contributing federal political committee: C
Name of Employer: American Society Of Plastic Su
Occupation: Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: A8AEBDF94A0994525A78
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) or each category of the Detailed Summary Page

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

A.
Full Name (Last, First, Middle Initial)
William Mealer, MD
Mailing Address 300 N. Willson Ave , Suite 300-C
City: Bozeman State: MT Zip Code: 59715-3551
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 05 / 21 / 2007
Transaction ID: A01BAB5D468F64213A80
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Robert Bialas, MD
Mailing Address 609 Lakeview Rd
City: Clearwater State: FL Zip Code: 33756-3335
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 05 / 2007
Transaction ID: A0C13F552B53B4B5FA9B
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Fredric Barr, MD
Mailing Address Suite 5800
1411 N. Flagler Drive
City: West Palm Beach State: FL Zip Code: 33401-3434
FEC ID number of contributing federal political committee. C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 05 / 2007
Transaction ID: A4012036031FB4BA3BC2
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

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

A.
Full Name (Last, First, Middle Initial): Phillip Lambruschi, MD
Mailing Address: 350 S. 8th St
City: West Dundee State: IL Zip Code: 60118-2248
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: 06 / 19 / 2007
Transaction ID: AD41B73FCE47A4BA79B6
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): Laura Semba, MD
Mailing Address: 14315 S. 108th Ave Suite 114
City: Orland Park State: IL Zip Code: 60467-5701
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 19 / 2007
Transaction ID: A7B31131DB2A54EDA953
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Diane L Colgan
Mailing Address: Suite 105 9800 Falls Road
City: Potomac State: MD Zip Code: 20854-3939
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: A16245A7EE7D044C5B14
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Steven Ozeran
Mailing Address: 7525 Amberview Ct
City: Lewiston State: ID Zip Code: 83501-7838
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: A4D2943140EF148A5BAD
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Michael F Milan
Mailing Address: Suite 106, 3271 Five Points Drive
City: Auburn Hills State: MI Zip Code: 48326-2380
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 21 / 2007
Transaction ID: A5F1F8FF2B97C4A76AE6
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Benjamin Van Raalte, MD
Mailing Address: 4992 School House Road
City: Bettendorf State: IA Zip Code: 52722-8506
FEC ID number of contributing federal political committee: C
Name of Employer: Iowa Plastic Surgery
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 22 / 2007
Transaction ID: A29583BC17B3840F8931
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) ..... ▶ **9550.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Bart Gordon for Congress
Mailing Address: PO Box 2008
City: Murfeesboro State: TN Zip Code: 37133
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B253272F082D045E3861
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Dingell for Congress
Mailing Address: 19855 W. Outer Dr. Suite 103A-E
City: Dearborn State: MI Zip Code: 48124
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: BADC443EDAC184AE9873
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Maloney For Congress
Mailing Address: 49 East 92nd Street
City: New York State: NY Zip Code: 10128
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B88259782BBB54647A42
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Pallone For Congress
Mailing Address: Po Box 3176
City: Long Branch State: NJ Zip Code: 07740
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: BE5AD1B948BEE4E4B99A
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Rangel For Congress
Mailing Address: Po Box 5577 Manhattanville Sta
City: New York State: NY Zip Code: 10027
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B0D55D5CD7CAA4464897
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Citizens For Rush
Mailing Address: P. O. Box 7292
City: Chicago State: IL Zip Code: 60680
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B9A0E5C386FCC4BA6A98
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

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

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[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Tiberi For Congress
Mailing Address: 2021 E Dublin Granville Road, Suite 2000
City: Columbus State: OH Zip Code: 43229
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B43F04E4453E04D76B53
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): EricPAC
Mailing Address: 6004 Oxbury Ct.
City: Glen Allen State: VA Zip Code: 23509
Purpose of Disbursement: Eric Cantor
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: BD40F439C8FD246F2BD8
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

C.
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:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B6255593DB3764672B9F
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 3500.00

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Coleman for Senate
Mailing Address: 7300 Hudson Blvd. Suite 270A
City: Saint Paul State: MN Zip Code: 55128
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [ ] Primary [X] General [ ] Other (specify)
Transaction ID: B2C6B33A2C69C43B7998
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Hoyer For Congress
Mailing Address: 7905 Malcolm Road Suite 102
City: Clinton State: MD Zip Code: 20735
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2008 [X] Primary [ ] General [ ] Other (specify)
Transaction ID: B8F26D1541DC942F09FA
Date of Disbursement: 03 / 30 / 2007
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7500.00**

TOTAL This Period (last page this line number only) ..... ▶ **36000.00**