

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Society of Plastic Surgeons

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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	85437.86									
(c) Total Receipts (from Line 19)	72108.00	75858.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	157545.86	167545.86								
7. Total Disbursements (from Line 31)	102500.00	112500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55045.86	55045.86								
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									

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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	60533.00	63233.00
(i) Itemized (use Schedule A)	11575.00	12625.00
(ii) Unitemized	72108.00	75858.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	72108.00	75858.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	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))	72108.00	75858.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72108.00	75858.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	102500.00	112500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	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))..	102500.00	112500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102500.00	112500.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	72108.00	75858.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72108.00	75858.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 61		
	<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

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) G. Patrick Maxwell		Date of Receipt MM / DD / YYYY 04 / 02 / 2008
Mailing Address Baptist Medical Place li/ #310 2021 Church Street		Transaction ID: A0900E88FCF3A4F6BB50
City Nashville	State Zip Code TN 37203-2021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Lisa Sowder, MD		Date of Receipt MM / DD / YYYY 04 / 02 / 2008
Mailing Address Suite 1650 901 Boren Avenue		Transaction ID: A9E789A7BA855404FBF7
City Seattle	State Zip Code WA 98104-3508	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Roger Gordon		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
Mailing Address 4300 University Drive		Transaction ID: AB746987E5E1F4C3E988
City Sunrise	State Zip Code FL 33351-6249	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 7 / 61
(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

A.

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

Mailing Address Suite 201
255 E Sonterra Blvd

City San Antonio State TX Zip Code 78258-4076

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

Name of Employer Accent Plastic Surgery PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: A6AF5293E37F24FE2BEB
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Scot Glasberg, M.D.

Mailing Address 900 Park Avenue

City New York State NY Zip Code 10075

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

Name of Employer Self Occupation Plastic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2016.00

Date of Receipt: 04 / 29 / 2008
Transaction ID: ABFFDC86174F048A4A2B
Amount of Each Receipt this Period: 2016.00

C.

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

Mailing Address 8700 N. Kendall Dr , Suite 102

City Miami State FL Zip Code 33176-2206

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 / 01 / 2008
Transaction ID: AB6998368DA3C43D48DC
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 2516.00

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 8 / 61
	<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

A.	Full Name (Last, First, Middle Initial) Lori Shoaf		Date of Receipt
	Mailing Address 1300 S. Arlington Ridge Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Arlington	VA	22202
	FEC ID number of contributing federal political committee. C		Transaction ID: A5824B399921448A386F
Name of Employer American Society of Plastic Surgeons		Occupation Government Affairs Professional	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Reza Momeni		Date of Receipt
	Mailing Address 75 Elm St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Summit	NJ	07901-3435
	FEC ID number of contributing federal political committee. C		Transaction ID: A897F1E084A144AA8B9C
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Phillip C Haeck		Date of Receipt
	Mailing Address Suite 1650 901 Boren Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Seattle	WA	98104-3508
	FEC ID number of contributing federal political committee. C		Transaction ID: A50265A101C7F4580ACB
Name of Employer Information Requested		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 61
	<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

A.	Full Name (Last, First, Middle Initial) Patrick Hodges, MD		Date of Receipt
	Mailing Address 8220 Walnut Hill Ln , Suite 206		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dallas	TX	75231-4406
	FEC ID number of contributing federal political committee. C		Transaction ID: AB65B7ACF43794102842
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Ernest Normington		Date of Receipt
	Mailing Address Suite 200 210 Jpm Road		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Lewisburg	PA	17837-9367
	FEC ID number of contributing federal political committee. C		Transaction ID: A2F69332AC25343C4902
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Joseph Kiener, MD		Date of Receipt
	Mailing Address 530 Hammill		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Reno	NV	89511-2045
	FEC ID number of contributing federal political committee. C		Transaction ID: AA76733410597471E8E8
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 61
(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

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

Mailing Address 10 Eagle Drive
10 Eagle Drive

City State Zip Code
Canton MA 02021-1573

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: AFAA2DB9942E04BC3986

Amount of Each Receipt this Period: 500.00

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

Mailing Address 56 Thomas Johnson Drive

City State Zip Code
Frederick MD 21702-4599

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

Name of Employer Information Requested Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: A0C17C3958F5B438F96F

Amount of Each Receipt this Period: 300.00

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

Mailing Address 100 Ucla Medical Plaza, Suite 747

City State Zip Code
Los Angeles CA 90095-0001

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: AEFD812D462BD484A8AF

Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 61
(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

A.

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

Mailing Address 10400 Academy NE

City State Zip Code
Albuquerque NM 87111-1229

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2008

Transaction ID: A7C74DE02BB9D46FD99E

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 1334 Nelson Ave

City State Zip Code
Modesto CA 95350-5341

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2008

Transaction ID: AF018AB3976DB4ED0A29

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 761 Worcester Rd 331

City State Zip Code
Framingham MA 01701-5224

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2008

Transaction ID: A695E4C5F6F4C4BC58AB

Amount of Each Receipt this Period
100.00

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 12 / 61
(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

A. Full Name (Last, First, Middle Initial)
Dennis Hurwitz, MD

Mailing Address 3109 Forbes Ave , 5th Floor

City Pittsburgh State PA Zip Code 15213-3010

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2008

Transaction ID: A6156C335484C482693E

Amount of Each Receipt this Period 500.00

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

Mailing Address 3974 Springfield Rd

City Glen Allen State VA Zip Code 23060-4119

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2008

Transaction ID: AD9B0877CEF5B43998A4

Amount of Each Receipt this Period 500.00

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

Mailing Address Suite 200
1100 E. Lake Street

City Tyler State TX Zip Code 75701-3360

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2008

Transaction ID: A8E29CDEFAEEC4CACBF3

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 13 / 61
(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

A.

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

Mailing Address 109 Northshore Dr , Suite 101

City State Zip Code
Knoxville TN 37919-4924

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: A0C9C18D59BB5459B86C

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Nathan Mayl, MD

Mailing Address Suite 200
6405 N. Federal Highway

City State Zip Code
Fort Lauderdale FL 33308-1414

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: AC0310F626B9F474086A

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Karol Gutowski, MD

Mailing Address 600 Highland Ave H5/3

City State Zip Code
Madison WI 53792-0001

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A7FF12162AD2646B0A9F

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: PAGE 14 / 61
(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

A.

Full Name (Last, First, Middle Initial)
Denise Kenna, MD

Mailing Address 1936 Powder Mill Rd

City York State PA Zip Code 17402-4725

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008

Transaction ID: AF17AE3CE49CE4257B4C

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1578 Humboldt St

City Denver State CO Zip Code 80218-1638

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008

Transaction ID: ABCD086EF73C840FB994

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
William Wyatt, MD

Mailing Address #206
2232 Dell Range Boulevard

City Cheyenne State WY Zip Code 82009-4942

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2008

Transaction ID: AEB1E1795C6D74577B36

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 61
(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

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

Mailing Address 16633 Ventura Blvd , Suite 110

City Encino State CA Zip Code 91436-1834

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 / 20 / 2008
Transaction ID: AD4E4EF7864AB4EB38CE
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Harlan Pollock

Mailing Address Suite 210
8305 Walnut Hill Lane

City Dallas State TX Zip Code 75231-4203

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

Name of Employer Information Requested Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 20 / 2008
Transaction ID: ADF40447B72594F45B65
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 3500 Cutter Way

City Sacramento State CA Zip Code 95818-4442

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 21 / 2008
Transaction ID: A98EF5E5885B24A0F832
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 61
(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

A.

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

Mailing Address Suite 3k
385 State Route 24

City State Zip Code
Chester NJ 07930-2910

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: A142A3C209EB041EC87D

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 609 Lakeview Rd

City State Zip Code
Clearwater FL 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 ▼ 400.00

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

Transaction ID: A633E6DAC9EE9491AAEF

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
Rafael Cabrera, MD

Mailing Address 951 N. w 13th St, Suite 4a

City State Zip Code
Boca Raton FL 33486

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: A00C97E98BD2F47FDBFE

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 / 61
(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

A.

Full Name (Last, First, Middle Initial)
Fredric Barr, MD

Mailing Address Suite 5800
1411 N. Flagler Drive

City State Zip Code
West Palm Beach FL 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
MM / DD / YYYY
05 / 22 / 2008

Transaction ID: A914E3F1848264820A49

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 32 Corbett Way

City State Zip Code
Eatontown NJ 07724-2263

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AEFDE8200C44A41E8993

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address P o Box 927072

City State Zip Code
San Diego CA 92192-7072

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: A44F5D74AE0A84450B3E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 61
(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

A.

Full Name (Last, First, Middle Initial)
John McGill, MD

Mailing Address 436a State St

City State Zip Code
Bangor ME 04401-6663

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AC239847CD0B1437E975

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Michael Yates, MD

Mailing Address 303 Williams Ave , Suite 1421

City State Zip Code
Huntsville AL 35801

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: A985C85B2AF8F4F3DA8D

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 960 Liberty St , Suite 170

City State Zip Code
Salem OR 97302-4149

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: ADE90F0616FB545D2A7D

Amount of Each Receipt this Period
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Loree Kalliainen		Date of Receipt MM / DD / YYYY 05 / 22 / 2008		
	Mailing Address 7920 Hill Trail North		Transaction ID: A37C7BAD0D9A145DFBAE		
	City Lake Elmo	State MN	Zip Code 55042-9533	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Louis Korngold		Date of Receipt MM / DD / YYYY 05 / 22 / 2008		
	Mailing Address Plastic Surgery Center 125 S. Main Street		Transaction ID: A99B42B595C804D90A6A		
	City New City	State NY	Zip Code 10956-3501	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Cecil W Bean		Date of Receipt MM / DD / YYYY 05 / 27 / 2008		
	Mailing Address 361 High Street		Transaction ID: ABC14A416236D429FBC5		
	City Somersworth	State NH	Zip Code 03878-1407	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Information Requested Occupation Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 20 / 61
(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

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

Mailing Address 2799 W. Grand Blvd.

City State Zip Code
Detroit MI 48202-2608

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: AD429B2451B88407C997

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 330
20601 E. Dixie Highway

City State Zip Code
Aventura FL 33180-1542

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: A0E7BEC18C000493583A

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Aric Eckhardt, MD

Mailing Address Suite 401
600 John Deere Road

City State Zip Code
Moline IL 61265-6812

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: AAFE0C24C3904487A8BC

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 21 / 61
(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

A.

Full Name (Last, First, Middle Initial)
Stewart Wang, MD

Mailing Address Suite 203
1234 S. Garfield Avenue

City Alhambra State CA Zip Code 91801-5079

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AB3B515DF64ED4658B50

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 363 Grand Ave

City Englewood State NJ Zip Code 07631-4104

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: A85EDE9E9F7A844849A1

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dean Johnston, MD

Mailing Address 4106 W. Lake Mary Blvd , Suite 212

City Lake Mary State FL Zip Code 32746-3344

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: A1CD38A9184934CA087F

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 22 / 61
	<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

A.

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

Mailing Address 2500 Metrohealth Dr

City Cleveland State OH Zip Code 44109-1900

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2008

Transaction ID: A0C48DD13C4B742BA976

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address 299 Lincoln St

City Worcester State MA Zip Code 01605-3646

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 27 / 2008

Transaction ID: A80C11644BC1A481CA43

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Alan Matarasso, MD

Mailing Address 1009 Park Ave

City New York State NY Zip Code 10028-0936

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 / 29 / 2008

Transaction ID: A47C291CBF63E47D8B6E

Amount of Each Receipt this Period 500.00

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: PAGE 23 / 61
(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

A.

Full Name (Last, First, Middle Initial)
William Rucker Staggers, MD

Mailing Address 7541 Cipriano Ct

City State Zip Code
Fairhope AL 36532-3029

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A7D948EC77FD044F694E

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 180 Newport Center Dr , Suite 150

City State Zip Code
Newport Beach CA 92660-6986

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

Name of Employer Cruise Plastic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: A3BE1C5893192419D9F6

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Rafael Avila, MD

Mailing Address Suite 110
1022 E. Griffin Parkway

City State Zip Code
Mission TX 78572-2401

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: AB5D587EDDDE54B21AF2

Amount of Each Receipt this Period
300.00

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 24 / 61
(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

A.

Full Name (Last, First, Middle Initial)
Dennis P Thompson

Mailing Address Suite 460
1301 20th Street

City State Zip Code
Santa Monica CA 90404-2088

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: AE9C3619647FE4FB1A75

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Eric Robert Mariotti

Mailing Address Suite 310
2222 East Street

City State Zip Code
Concord CA 94520-2055

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AE64753F3CBEB4777881

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Linda Swanson

Mailing Address 23560 Madison St.

City State Zip Code
Torrance CA 90505-4708

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: ACEA6D5D29DA640C3833

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 / 61
(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

A. Full Name (Last, First, Middle Initial)
Richard J Wassermann

Mailing Address 1220 Blanding St

City Columbia State SC Zip Code 29201-2816

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 / 03 / 2008

Transaction ID: A688519162FF64C86AD7

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Deason Dunagan, MD

Mailing Address 303 William Ave , Suite 1421

City Huntsville State AL Zip Code 35801

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 03 / 2008

Transaction ID: A9C6FE6DDFA684572A61

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Libby Wilson, MD

Mailing Address 2300 South Flower St , Suite 300

City Los Angeles State CA Zip Code 90007-2677

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 / 03 / 2008

Transaction ID: A638AAE3158A34C81B06

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 61
(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

A.

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

Mailing Address Suite 200
1100 E. Lake Street

City State Zip Code
Tyler TX 75701-3360

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: AAED437C1FBA140EF99C

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2 Medical Plaza, Suite 130

City State Zip Code
Roseville CA 95661-3038

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A225497B9406C49F383C

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Basil Michaels, MD

Mailing Address 426 South St

City State Zip Code
Pittsfield MA 01201-8228

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: AD81E53EE5F1F4DCC8C3

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 61
(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

A.

Full Name (Last, First, Middle Initial) Gary D Salomon		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address Suite 640 1199 Bush Street		Transaction ID: AFB DFA18AC9A6401EAAE
City San Francisco	State Zip Code CA 94109-5977	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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) Glenn Davis, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address Suite 360 2304 Wesvill Court		Transaction ID: A3C931452DE0541B5954
City Raleigh	State Zip Code NC 27607-2981	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) William Georgis, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 6030 Garret Ln		Transaction ID: A42F16616F81A49E7AA7
City Rockford	State Zip Code IL 61107-6637	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 61
	<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

A.

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

Mailing Address 2500 Metrohealth Dr

City Cleveland State OH Zip Code 44109-1900

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 ▼ 1500.00

Date of Receipt 06 / 03 / 2008

Transaction ID: AAA822BD6ECB74336B1B

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address Suite 200
10293 N. Meridian Street

City Indianapolis State IN Zip Code 46290-1079

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

Name of Employer Renaissance Plastic Surgery, PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2008

Transaction ID: AC1178CCA1C3A4FBD869

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Gary D Hall

Mailing Address Suite 216
11401 Nall Avenue

City Leawood State KS Zip Code 66211-1850

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

Name of Employer Advanced Cosmetic Surgery, PA Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 03 / 2008

Transaction ID: AECF014C930EC42A79F3

Amount of Each Receipt this Period 1000.00

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 29 / 61
	<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

A.

Full Name (Last, First, Middle Initial) Deborah White, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address Suite 104 8896 E. Becker Lane		Transaction ID: A419A29A1DC6840698BA
City Scottsdale	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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) Peter Schwartz, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 143 Froehlich Farm Rd		Transaction ID: AF592765C57184105872
City Woodbury	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Peter Gee, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
Mailing Address 3 Woodland Rd , Suite 318		Transaction ID: A6947BA805F0D41ACB1D
City Stoneham	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 61
	<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

A.	Full Name (Last, First, Middle Initial) John Osborn, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 95 Scripps Dr		Transaction ID: AD393E0DDFACD4387B9B		
	City Sacramento	State CA	Zip Code 95825-6320	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Richard Greco, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 5361 Reynolds St		Transaction ID: AAF558E84AEB34A7A955		
	City Savannah	State GA	Zip Code 31405-6014	Amount of Each Receipt this Period 501.00	
	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 ▼ 501.00			

C.	Full Name (Last, First, Middle Initial) Gregory Swank, MD		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address 1771 Tate Blvd. SE		Transaction ID: A85BEB73E16B44FEBA39		
	City Hickory	State NC	Zip Code 28602-4249	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Piedmont Plastic Surgery & Dermatology	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1301.00
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 / 61
(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

A.

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
MM / DD / YYYY
06 / 03 / 2008

Transaction ID: AA7D278A156564FE7934

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Suite 442
700 West 800 North

City Orem State UT Zip Code 84057-6311

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: A537BC27C2FD64633B37

Amount of Each Receipt this Period
600.00

C.

Full Name (Last, First, Middle Initial)
Judy Ann Emanuele

Mailing Address 1267 East Main Street

City Riverhead State NY Zip Code 11901

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

Name of Employer East End Plastic, Recon. & Hand Surger Occupation Plastic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: AB93D693A36E145189E8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 / 61
	<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

A.	Full Name (Last, First, Middle Initial) John Kelleher		Date of Receipt
	Mailing Address 1819 Coulter Drive		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Amarillo	TX	79106
	FEC ID number of contributing federal political committee. C		Transaction ID: AE053A75E74C84735A57
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="300.00"/>	

B.	Full Name (Last, First, Middle Initial) Gregory P WittPenn		Date of Receipt
	Mailing Address 627 Russell Blvd		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Nacogdoches	TX	75965-1247
	FEC ID number of contributing federal political committee. C		Transaction ID: ABA25902334F248E283F
Name of Employer New Horizons Plastic Surgery		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Steven M Katz		Date of Receipt
	Mailing Address Suite 16 124 Main Street		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Huntington	NY	11743-6922
	FEC ID number of contributing federal political committee. C		Transaction ID: AAC94BDFEB3864252A96
Name of Employer Information Requested		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 61
(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

A. Full Name (Last, First, Middle Initial)
Anne Taylor, MD

Mailing Address 1800 Abbotsford Green Dr.

City Powell State OH Zip Code 43065-8939

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 ▼ 1500.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: AF036FC09A1A7460A8A7
 Amount of Each Receipt this Period: 1500.00

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

Mailing Address Suite 303
2025 Technology Parkway

City Mechanicsburg State PA Zip Code 17050-9402

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 / 05 / 2008
Transaction ID: AD388E1A7CB8F4F0C851
 Amount of Each Receipt this Period: 250.00

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

Mailing Address Suite 330
20601 E. Dixie Highway

City Aventura State FL Zip Code 33180-1542

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 05 / 2008
Transaction ID: A9C65FEEC245E42AABE4
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 61
	<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

A.	Full Name (Last, First, Middle Initial) Peter C Neligan	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 1959 NE Pacific Street	Transaction ID: AB36BC28DD2B3490B9DA
	City State Zip Code Seattle WA 98195	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Toronto General Hospital Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) John Borkowski, MD	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address 85 Church St	Transaction ID: AA4FDD05945C641609D9
	City State Zip Code Middletown CT 06457-3647	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) R. Bruce Shack	Date of Receipt MM / DD / YYYY 06 / 05 / 2008
	Mailing Address Department Of Plastic Surgery D-4207 Medical Center North	Transaction ID: A354BC3E46DF24E1EA2B
	City State Zip Code Nashville TN 37232-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Vanderbilt Medical Center Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	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 35 / 61
(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

A.

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

Mailing Address Suite 170
8144 Walnut Hill Lane

City State Zip Code
Dallas TX 75231-4394

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AB9932D0F15764A1C8A9

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Anthony Tufaro, MD

Mailing Address 601 N. Caroline St
Mcelandery 8130-d

City State Zip Code
Baltimore MD 21287-0006

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: A63E47CF749CA4548A77

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Robert Ciardullo, MD

Mailing Address 170 Maple Ave , Suite 305

City State Zip Code
White Plains NY 10601-4714

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: ADD32BB523D9A4214BCB

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: (check only one)	PAGE 36 / 61
	<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

A.

Full Name (Last, First, Middle Initial) Duc M Pham		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
Mailing Address #201 4545 E Chandler Boulevard		Transaction ID: A48A58FEB08304588938
City Phoenix	State Zip Code AZ 85048-7645	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Jack Bruner, MD		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
Mailing Address Suite 200 2801 K Street		Transaction ID: A2DE21BCA27A04DB8B1B
City Sacramento	State Zip Code CA 95816-5118	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Fort Sutter Medical Building	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Michael Chaney, MD		Date of Receipt MM / DD / YYYY 06 / 10 / 2008
Mailing Address 17070 Red Oak Dr , Suite 307		Transaction ID: AE93BECA2FA9F4A5FA42
City Houston	State Zip Code TX 77090-2616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 37 / 61
(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

A.

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

Mailing Address Suite 101
351 Rolling Oaks Dr.

City State Zip Code
Thousand Oaks CA 91361-1278

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 ▼
450.00

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

Transaction ID: AE8E8065F5612492FB33

Amount of Each Receipt this Period
450.00

B.

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

Mailing Address 2930 Hillrise, Suite 6

City State Zip Code
Las Cruces NM 88011-4776

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
06 / 11 / 2008

Transaction ID: AB092AF93A48C423093C

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Steven Ozeran

Mailing Address 7525 Amberview Ct

City State Zip Code
Lewiston ID 83501-7838

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: AC759B138AD7E4341B57

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 38 / 61

(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

A.

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

Mailing Address 901 W. Main St Suite 107

City State Zip Code
Freehold NJ 07728-2537

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
0 6 / 1 1 / 2 0 0 8

Transaction ID: A1BE5C54D3F304A279B1

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 2361 River Rand Rd.

City State Zip Code
Temple TX 76502

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

Name of Employer Information Requested 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 6 / 1 2 / 2 0 0 8

Transaction ID: A74BE3D2C3B004A8EB95

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Basil Michaels, MD

Mailing Address 426 South St

City State Zip Code
Pittsfield MA 01201-8228

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: A23F7BA3E952E443498A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 61
	<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

A.	Full Name (Last, First, Middle Initial) Kenneth Odinet, MD		Date of Receipt	
	Mailing Address Suite 514 501 W. St. Mary		M M / D D / Y Y Y Y 06 / 17 / 2008	
	City	State	Zip Code	Transaction ID: A5EA0CAD52DB243DB8B8
	Lafayette	LA	70506-4699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		500.00		

B.	Full Name (Last, First, Middle Initial) Mark D Wigod		Date of Receipt	
	Mailing Address 3630 E. Louise Dr		M M / D D / Y Y Y Y 06 / 17 / 2008	
	City	State	Zip Code	Transaction ID: AA1DB3081B18D4CFD99F
	Meridian	ID	83642-7975	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		250.00		

C.	Full Name (Last, First, Middle Initial) Juan A Brou		Date of Receipt	
	Mailing Address Suite 205 5300 N. Grand Boulevard		M M / D D / Y Y Y Y 06 / 17 / 2008	
	City	State	Zip Code	Transaction ID: AF30D687166E3419D884
	Oklahoma City	OK	73112-5517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Self Occupation Physician		Aggregate Year-to-Date ▼	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		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 40 / 61
(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

A. Full Name (Last, First, Middle Initial)
Matthew J Concannon

Mailing Address Division Of Plastic Surgery
One Hospital Drive M349

City Columbia State MO Zip Code 65212-0001

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

Name of Employer Univ. of Missouri Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 17 / 2008

Transaction ID: AC074976913A64D878E6

Amount of Each Receipt this Period 300.00

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

Mailing Address 1819 Coulter Drive

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 ▼ 1300.00

Date of Receipt 06 / 18 / 2008

Transaction ID: A6AB2F21FED97464AB0A

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Newton Dee Moscoe, III

Mailing Address Suite 460
3705 Medical Parkway

City Austin State TX Zip Code 78705-1024

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 / 18 / 2008

Transaction ID: A83359582CFAA422195C

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 41 / 61
	<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

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

Mailing Address 815 Park Ave

City State Zip Code
New York NY 10021-3276

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: 06 / 18 / 2008
Transaction ID: AE4EC265EF1954AF3BE5
Amount of Each Receipt this Period: 500.00

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

Mailing Address Suite 230
682 Hemlock Street

City State Zip Code
Macon GA 31201-8315

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: 06 / 18 / 2008
Transaction ID: A9E0B2394CE7F4B8DBA7
Amount of Each Receipt this Period: 250.00

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

Mailing Address 603 Lansing Ave

City State Zip Code
Jackson MI 49202-3209

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

Name of Employer Self Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt: 06 / 18 / 2008
Transaction ID: A72A0807F0DFE4447B3A
Amount of Each Receipt this Period: 201.00

SUBTOTAL of Receipts This Page (optional) ► 951.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 61
(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

A. Full Name (Last, First, Middle Initial)
Joseph Hirschfeld, MD

Mailing Address Suite 260
3000 E. Fletcher Avenue

City Tampa State FL Zip Code 33613-4689

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: A5784685F7FA440F0836

Amount of Each Receipt this Period
500.00

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

Mailing Address 1055 Hylan Blvd

City Staten Island State NY Zip Code 10305-2084

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: A566709B162314E0CB86

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Tzuying Wu

Mailing Address 2909 Hillglen Avenue

City Modesto State CA Zip Code 95355

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

Name of Employer Surgical Artistry, Inc. Occupation Plastic Surgeon

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: A9FDF2CCAE8ED4AD38D0

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 61
(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

A.

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

Mailing Address 3301 El Camino Real, Suite 200

City Atherton State CA Zip Code 94027-3803

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A0FB89A2790414051977

Amount of Each Receipt this Period 400.00

B.

Full Name (Last, First, Middle Initial)
George W Weston

Mailing Address 1825 Samuel Morse Dr

City Reston State VA Zip Code 20190-5317

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A60BF90D1C14143FCAF2

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Michael Cedars, MD

Mailing Address 3300 Webster St , Suite 1106

City Oakland State CA Zip Code 94609-3125

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 25 / 2008

Transaction ID: A7B7235E936684163B98

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 61

(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

A.

Full Name (Last, First, Middle Initial)
Roger Khouri, MD

Mailing Address 328 Crandon Blvd , Suite 227

City State Zip Code
Key Biscayne FL 33149-1399

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
0 6 / 2 5 / 2 0 0 8

Transaction ID: A2871FB5B872745FFAB1

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
Edward C Lewis, II

Mailing Address Surgical Serv VA Med Center
500 Foothill Drive

City State Zip Code
Salt Lake City UT 84148-0001

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 6 / 2 5 / 2 0 0 8

Transaction ID: A618C417D410C466BBC1

Amount of Each Receipt this Period

250.00

C.

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

Mailing Address Bldg 2 Suite 207
950 W. University Avenue

City State Zip Code
Georgetown TX 78626-6505

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 6 / 2 5 / 2 0 0 8

Transaction ID: AA96CC7D4868C4C3AAFA

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 45 / 61
	<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

A.	Full Name (Last, First, Middle Initial) John Robert Griffin		Date of Receipt
	Mailing Address Suite 460 50 South San Mateo Drive		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City San Mateo	State CA	Zip Code 94401-3833
	FEC ID number of contributing federal political committee. C		Transaction ID: A970C101B0CEB4B4BBBD
	Amount of Each Receipt this Period 365.00		
Name of Employer Plastic Surgery Associates		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey G Copeland		Date of Receipt
	Mailing Address Suite 102 70 Jungermann Circle		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Saint Peters	State MO	Zip Code 63376-1619
	FEC ID number of contributing federal political committee. C		Transaction ID: A73B4DFFC30C643F8B90
	Amount of Each Receipt this Period 250.00		
Name of Employer Copeland Cosmetic Surgery		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Oscar Vargas, MD		Date of Receipt
	Mailing Address Mendez Vigo 165 Este		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
	City Mayaguez	State PR	Zip Code 00680-2801
	FEC ID number of contributing federal political committee. C		Transaction ID: A076FE2AECEB7492BAA4
	Amount of Each Receipt this Period 300.00		
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

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 46 / 61
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
Roger Mixer, MD

Mailing Address 5201 N. Port Washington Rd

City State Zip Code
Milwaukee WI 53217-4902

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: A3E02FD20E0194A5785B

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Fred Weniger

Mailing Address Suite 201
29 Plantation Park Drive

City State Zip Code
Bluffton SC 29910-9008

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AAFD937169D884F9BB29

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 591 West Main

City State Zip Code
Lewisville TX 75057-3628

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: A2D3265477ABD493B8DA

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Samir Shureih, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 10 East 31st St		Transaction ID: A1AA542925D2D4B63907		
	City Baltimore	State MD	Zip Code 21218-3901	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Byron Poindexter, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 1825 Samuel Morse Dr		Transaction ID: A717ED1170D684940851		
	City Reston	State VA	Zip Code 20190-5317	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Robert M Kimmel		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 575 East Norwegian St		Transaction ID: A7D4BD3457FA14351BDD		
	City Pottsville	State PA	Zip Code 17901-3711	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Keystone Cosmetic Surgery Center	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	60533.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

A.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt <hr/> Mailing Address Po Box 50100 Po Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input 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: District:	Transaction ID: BFF5ECDAD9EB540B6811 Date of Disbursement <input type="text"/> 04 / <input type="text"/> 15 / <input type="text"/> 2008 <hr/> Amount of Each Disbursement this Period <input type="text"/> 2000.00
B.	Full Name (Last, First, Middle Initial) Jackie Speier for Congress <hr/> Mailing Address PO Box 112 <hr/> City Burlingame State CA Zip Code 94011-0112 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input 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: District:	Transaction ID: B75196AAF931E489C9B9 Date of Disbursement <input type="text"/> 04 / <input type="text"/> 04 / <input type="text"/> 2008 <hr/> Amount of Each Disbursement this Period <input type="text"/> 2000.00
C.	Full Name (Last, First, Middle Initial) Pat Roberts for Senate <hr/> Mailing Address PO Box 433 <hr/> City Great Bend State KS Zip Code 67530-0433 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input 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: District:	Transaction ID: B2312141CACCA4887B03 Date of Disbursement <input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2008 <hr/> Amount of Each Disbursement this Period <input type="text"/> 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 61

<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

A.	Full Name (Last, First, Middle Initial) McConnell Senate Campaign 08' <hr/> Mailing Address PO Box 1946 <hr/> City Louisville State KY Zip Code 40201-1946 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Office Sought: <input 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: District:	Transaction ID: B2226F620C1374685AE8 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00
B.	Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc <hr/> Mailing Address 607 14th Street Nw Suite 800 Suite 1434 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Office Sought: <input 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: District:	Transaction ID: B205ED1034D9042FBA98 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Friends of Mark Warner <hr/> Mailing Address 1029 North Royal Street 2cnd Floor <hr/> City Alexandria State VA Zip Code 22314-1585 <hr/> Purpose of Disbursement <input type="text"/> Candidate Name <input type="text"/> Office Sought: <input 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: District:	Transaction ID: BFC7F68F5B5B941EE9D4 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

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 50 / 61

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Enzi For US Senate</p> <p>Mailing Address Po Box 2775</p> <p>City CODY State WY Zip Code 82414-2775</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: BF903AFBE4353446DA50</p> <p>Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826-4945</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B818FA419F3AD42C092E</p> <p>Date of Disbursement 06 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053-2522</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B3BA03D160F0643F4A88</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Wicker for Senate	Transaction ID: B624F8BE28B984ECA8C7
	Mailing Address PO Box 64	Date of Disbursement 06 / 30 / 2008
	City Jackson State MS Zip Code 39205-0064	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of John Tanner	Transaction ID: B3F880FFD7F884CF1947
	Mailing Address Post Office Box 1994 Post Office Box 1994	Date of Disbursement 04 / 15 / 2008
	City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) EricPAC	Transaction ID: B37C306B89CDB49EC88C
	Mailing Address 6004 Oxbury Ct.	Date of Disbursement 04 / 15 / 2008
	City Glen Allen State VA Zip Code 23509	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 61

<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

A. Full Name (Last, First, Middle Initial) Jim Risch for US Senate Committee <hr/> Mailing Address 407 West Jefferson Street <hr/> City Boise State ID Zip Code 83702-6049 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6680203FFF454BFAA07 Date of Disbursement <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>4</td><td></td><td>0</td><td>4</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	4		0	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	4		0	4		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
<input type="checkbox"/> Category/ Type																					
B. Full Name (Last, First, Middle Initial) McConnell Senate Campaign 08' <hr/> Mailing Address PO Box 1946 <hr/> City Louisville State KY Zip Code 40201-1946 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC387DC5A8A744A1AE7 Date of Disbursement <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>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	4		1	5		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
<input type="checkbox"/> Category/ Type																					
C. Full Name (Last, First, Middle Initial) Ben Cardin for Senate <hr/> Mailing Address P.O. Box 21093 <hr/> City Catonsville State MD Zip Code 21228-0593 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B873B2ED98BA34341AD1 Date of Disbursement <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>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y											
	0	4		1	5		2	0	0	8											
	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
<input type="checkbox"/> Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 53 / 61

<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

<p>A. Full Name (Last, First, Middle Initial) Friends of John Barrasso</p> <p>Mailing Address PO Box 5208</p> <p>City Casper State WY Zip Code 82605</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p>Transaction ID: BB14B38554AAE44A5B56</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="5000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Bart Gordon for Congress</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p>Transaction ID: B3D17E5606D594F278F6</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="2500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling</p> <p>Mailing Address PO Box 820504</p> <p>City Dallas State TX Zip Code 75382-0504</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p>Transaction ID: B0DAF5144FCC04166ACF</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

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

A. Full Name (Last, First, Middle Initial) Big Tent PAC <hr/> Mailing Address 1155 21st Street Suite 300 <hr/> City Washington State DC Zip Code 20036-3312 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B613238F788F345D8BD1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends Of Max Baucus <hr/> Mailing Address Po Box 586 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDF458195DF3740B09D5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Griffith for Congress <hr/> Mailing Address PO Box 6219 <hr/> City Huntsville State AL Zip Code 35813-0219 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B84703DE7DD894D7D808 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	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

<p>A. Full Name (Last, First, Middle Initial) Friends of Gordon Smith</p> <p>Mailing Address 900 19th St. NW 8th Floor</p> <p>City Washington State DC Zip Code 20006-2105</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p>Transaction ID: B710474BD6943425FA6C Date of Disbursement 04 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Lungren for Congress</p> <p>Mailing Address 9321 Silverbend Lane</p> <p>City Elk Grove State CA Zip Code 95624-3985</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p>Transaction ID: B65A0E347EA574D45957 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Gordon Smith</p> <p>Mailing Address 900 19th St. NW 8th Floor</p> <p>City Washington State DC Zip Code 20006-2105</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input 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: District:</p>	<p>Transaction ID: B5B61B4F0D4ED461FAB4 Date of Disbursement 06 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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)

PAGE 56 / 61

<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

A. Full Name (Last, First, Middle Initial) Pallone For Congress <hr/> Mailing Address Po Box 3176 <hr/> City Long Branch State NJ Zip Code 07740-3176 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input 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: District:	Transaction ID: B2F74485C6B4E410499E Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kendrick Meek Campaign for Congress <hr/> Mailing Address 111 NW 183rd Street Suite 325 <hr/> City Miami State FL Zip Code 33169-4538 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input 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: District:	Transaction ID: B710B03060D1C43AD94C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048-5018 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input 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: District:	Transaction ID: BB6395AAB35514C3A926 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 61

<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

A. 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 <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B550FBB68F3EB407E9E0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Andy Harris for Congress <hr/> Mailing Address PO Box 1527 <hr/> City Annapolis State MD Zip Code 21404-1527 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA03A65D1E2A049B885A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Nathan Deal For Congress <hr/> Mailing Address Po Box 902 Po Box 902 <hr/> City Gainesville State GA Zip Code 30503 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF31496DFA1B54B41919 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 61

<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

A. Full Name (Last, First, Middle Initial) Friends Of Carolyn McCarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement <hr/> Candidate Name <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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD51E824EF5AB4A85A98 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	State: District:
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Susan Collins for Senator <hr/> Mailing Address P.O. Box 2096 <hr/> City Bangor State ME Zip Code 04402-2096 <hr/> Purpose of Disbursement <hr/> Candidate Name <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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC57738CE3E8543FA8FB Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	State: District:
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress <hr/> Mailing Address 5915 Eastman Ave. Suite 100 <hr/> City Midland State MI Zip Code 48640-6824 <hr/> Purpose of Disbursement <hr/> Candidate Name <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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB6CB90412B41402C8D4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	State: District:
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 61

<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

A. Full Name (Last, First, Middle Initial) Kirk for Congress <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093-0008 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBF3445FCF9BA42AB8D4 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller <hr/> Mailing Address PO Box 1909 <hr/> City Charleston State WV Zip Code 25327-1909 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7CCDCFAA19244D6F8FF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Shadeggs Friends <hr/> Mailing Address PO Box 45444 <hr/> City Phoenix State AZ Zip Code 85064-5444 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5BDAB95E9C60451B8A5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 60 / 61

<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

A. Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional Campaign <hr/> Mailing Address Po Box 12612 <hr/> City San Antonio State TX Zip Code 78212-0612 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7AD7591F67BC458688B Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) Texans for Senator John Cornyn <hr/> Mailing Address PO Box 13026 <hr/> City Austin State TX Zip Code 78711-3026 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD47D8085C96C410891A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) Reed Committee <hr/> Mailing Address P.O. Box 8628 <hr/> City Cranston State RI Zip Code 02920-0628 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B60C5F18100254DC1ADA Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Matheson for Congress <hr/> Mailing Address PO Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152-1048 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5D3394E3070E41088CE Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) Shelley Berkley For Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBED204C1B0A1413C979 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) Bob Corker For Senate <hr/> Mailing Address 518 Georgia Ave 2nd Floor <hr/> City Chatanooga State TN Zip Code 37403 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB691ED749F5B49CB9EB Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	102500.00