

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer Electronically Filed by Mr. William Seward Date 12 02 2010

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

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

Write or Type Committee Name  
American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		97617.46
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	25696.03									
(c) Total Receipts (from Line 19) .....	25996.67	161154.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51692.70	258771.47								
7. Total Disbursements (from Line 31) .....	36442.77	243521.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	15249.93	15249.93								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	19766.67	133405.84
(ii) Unitemized .....	3730.00	22748.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23496.67	156154.01
(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) .....	23496.67	156154.01
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2500.00	5000.00
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)) .....	25996.67	161154.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25996.67	161154.01

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	442.77	3521.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	442.77	3521.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	240000.00
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))..	36442.77	243521.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36442.77	243521.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23496.67	156154.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23496.67	156154.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	442.77	3521.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	442.77	3521.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(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 PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Louis Adams, MD

Mailing Address 6070 Woodway Dr

City State Zip Code  
Memphis TN 38120-3110

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  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** DA7C030A3A318EDCCA1

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Hilton C Adler, MD

Mailing Address 10 E Gate Ln

City State Zip Code  
Setauket NY 11733-1644

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  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** 3F2F8A427AF829F7F0E

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert G. G Anderson, MD

Mailing Address 11501 Blue Creek Dr

City State Zip Code  
Willow Park TX 76008-3614

FEC ID number of contributing federal political committee. C

Name of Employer The Fort Worth Plastic Surgery Center Occupation  
Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

**Transaction ID:** 5BF4692471048A6A102

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 8 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Gregory A Antoine, MD

Mailing Address 720 Harrison Ave

City State Zip Code  
Boston MA 02118-2371

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation  
Associate Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 14 / 2010

**Transaction ID:** 2D0D486141D337B0089

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph C Banis, MD

Mailing Address 1209 Wellington Pl

City State Zip Code  
Louisville KY 40207-2240

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  
11 / 17 / 2010

**Transaction ID:** 7F9ABDAB0D36D1FA24D

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Semira Bayati, MD

Mailing Address 2536 Temple Hills Dr

City State Zip Code  
Laguna Beach CA 92651-2659

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  
10 / 26 / 2010

**Transaction ID:** 654D19B947273AF1962

Amount of Each Receipt this Period 300.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jennifer E Boll  
Mailing Address 5756 N Scottsdale Rd  
City Paradise Valley State AZ Zip Code 85253-5914  
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 11 / 01 / 2010  
Transaction ID: 5B79823743D86101117  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen D Bresnick, MD  
Mailing Address 3575 Beverly Glen Ter  
City Sherman Oaks State CA Zip Code 91423-4402  
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 ▼ 500.01  
Date of Receipt 11 / 01 / 2010  
Transaction ID: BCBDFEE5507B571C4C5  
Amount of Each Receipt this Period 166.67

**C.** Full Name (Last, First, Middle Initial)  
Johnny S Chung, MD  
Mailing Address 312 Francis Ln  
City Breinigsville State PA Zip Code 18031-4118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 26 / 2010  
Transaction ID: 1F38D44B136B62EB3C2  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 766.67  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 10 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Clifford P Clark, MD

Mailing Address 770 Viaduct Lombardy

City State Zip Code  
Winter Park FL 32789-1527

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  
11 / 01 / 2010

**Transaction ID:** E5DAACFC59D507FC9C9

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Melissa A Crosby, MD

Mailing Address 2322

City State Zip Code  
Houston TX 77004

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  
10 / 14 / 2010

**Transaction ID:** 9CC3412686B9294F2C1

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
James R Cullington, MD

Mailing Address 901 Baylor St

City State Zip Code  
Austin TX 78703-4937

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  
10 / 14 / 2010

**Transaction ID:** 167D59CB64594D4B95B

Amount of Each Receipt this Period  
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tue Dinh		Date of Receipt
	Mailing Address 6560 Fannin Suite 800		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77030-2725
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 41CED315639B6C531A6
Name of Employer		Occupation	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"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard C Flaherty, MD		Date of Receipt
	Mailing Address		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 18B301324A959AD55EC
	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 ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Grevious, MD		Date of Receipt
	Mailing Address Unit 1		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Chicago	IL	60622
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4FF526394EDEA2DB6CB
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="250.00"/>
		<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> 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 12 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Roxanne J Guy, MD

Mailing Address 946 Loggerhead Island Dr  
Usa

City State Zip Code  
Satellite Beach FL 32937-3863

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  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** 71EB38D3276F143B017

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Paul Hunstad, MD

Mailing Address 19425 Tresia Ln

City State Zip Code  
Cornelius NC 28031-7571

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

Name of Employer Self Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 1 0

**Transaction ID:** 59A6EA0A52C16D89DBB

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald R Jasper, MD

Mailing Address 7205 Oak Pine Ln

City State Zip Code  
Granite Bay CA 95746-7348

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

Name of Employer Plastic Surgery Center 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  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** 4EA225FB17AFCC14305

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Loree K. Kalliainen, MD  
Mailing Address 7920 Hill Trl N  
City Lake Elmo State MN Zip Code 55042-9533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Regions Hospital Plastic/- Hand Surgery Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 10 / 14 / 2010  
Transaction ID: 409233B948BB5A12C4A  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Steven M Katz, MD  
Mailing Address 109 Cherry Dr W  
City Plainview State NY Zip Code 11803-2805  
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 11 / 17 / 2010  
Transaction ID: 00446F51DFC490B875E  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew Y Kleinman, MD  
Mailing Address 16 Highland Farm Rd  
City Greenwich State CT Zip Code 06831-2606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 10 / 14 / 2010  
Transaction ID: F5E96A06089B146911D  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 31  
(check only one)

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

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

**A.**

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

Mailing Address 6535 Bissen Cir

City Hopkins State MN Zip Code 55343-8501

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 11 / 01 / 2010

**Transaction ID:** 8B4A34504B20C0B940F

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mitchel D Krieger, MD

Mailing Address 3703 Broadrun Dr

City Fairfax State VA Zip Code 22033-2166

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 11 / 08 / 2010

**Transaction ID:** 4C4D0CA2EAA05C4BF7A

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Hakan M Kutlu, MD

Mailing Address 77 Hardscrabble Rd

City Mendham State NJ Zip Code 07945-2802

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2010

**Transaction ID:** 09621FAFE8A22838552

Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 31  
(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 PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
David L Larson, MD

Mailing Address 13510 Braemar Dr

City Elm Grove State WI Zip Code 53122-2509

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

Name of Employer Medical College of Wisconsin Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 14 / 2010  
**Transaction ID:** 263B72EDE924E68C441  
 Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Lynch, MD

Mailing Address 19 Ironbridge Road

City Allentown State NJ Zip Code 08515-1105

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 14 / 2010  
**Transaction ID:** FDC2113DD51F0F9D398  
 Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Carl H Manstein, MD

Mailing Address 8226 Fairview Rd

City Elkins Park State PA Zip Code 19027-2119

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 11 / 01 / 2010  
**Transaction ID:** C0D305BB7F46FC243D5  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 665.00

**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 / 31

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rosendo E Martinez, MD

Mailing Address 2 Calle D

City State Zip Code  
Ponce PR 00730-2026

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 ▼ 730.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: 1F7D6A5895698AA1F6B

Amount of Each Receipt this Period

730.00

**B.**

Full Name (Last, First, Middle Initial)  
Sarah A Mess, MD

Mailing Address PO Box 284

City State Zip Code  
Clarksville MD 21029-0284

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  
1 1 / 0 4 / 2 0 1 0

Transaction ID: DC13837674EB8ABE1DD

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 15215 Antelo PI

City State Zip Code  
Los Angeles CA 90077-1602

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  
1 1 / 0 1 / 2 0 1 0

Transaction ID: 7ADFA23C72CACEB8614

Amount of Each Receipt this Period

250.00

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

1230.00

**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 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul B Mills, MD  
Mailing Address 324 Chasselle Ln  
City Creve Coeur State MO Zip Code 63141-7335  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Renaissance Plastic Surgery Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 11 / 17 / 2010  
Transaction ID: FA98B4AEDFF0CD2229E  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Talal A Munasifi, MD  
Mailing Address 6021 Orris St  
City Mc Lean State VA Zip Code 22101-1828  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 11 / 17 / 2010  
Transaction ID: 9F82BAE90A634F68E0E  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Martin I Newman, MD  
Mailing Address 11223 NW 79th Ln  
City Medley State FL Zip Code 33178-1448  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cleveland Clinic Florida Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 26 / 2010  
Transaction ID: 619882F3FF0FDB6F80D  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1165.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 31  
(check only one)

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

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

**A.**

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

Mailing Address 6906 Sewanee St

City State Zip Code  
Houston TX 77025-1348

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
11 / 01 / 2010

**Transaction ID:** D47FA2D6A65F8475A82

Amount of Each Receipt this Period  
90.00

**B.**

Full Name (Last, First, Middle Initial)  
Walter J Okunski, MD

Mailing Address 3721 Devonshire Rd

City State Zip Code  
Allentown PA 18103-9628

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 ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2010

**Transaction ID:** 4D0C51DDA34837DB038

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard R Orr, MD

Mailing Address 10510 Wilmington Dr

City State Zip Code  
Evansville IN 47725-9023

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  
10 / 20 / 2010

**Transaction ID:** D55B73C01220F86E7D0

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **690.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Manuel M Pena, MD

Mailing Address 210 Tupelo Rd

City Naples State FL Zip Code 34108-3308

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 11 / 10 / 2010  
**Transaction ID:** DFB49A3ACDC1A1928C5  
Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Marjorie A Reid, MD

Mailing Address 178 Wellington Rd

City Elmont State NY Zip Code 11003-2010

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 11 / 02 / 2010  
**Transaction ID:** 5362B2C63E2ED42B3E2  
Amount of Each Receipt this Period 300.00

**C.**

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

Mailing Address 1003 Colony Dr  
Usa

City Hartsdale State NY Zip Code 10530-1719

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

Name of Employer Maimonides Medical Center Occupation Director, Division o

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 10 / 14 / 2010  
**Transaction ID:** 77E7AD5B9ED135B6A6E  
Amount of Each Receipt this Period 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 31  
(check only one)

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

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

**A.**

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

Mailing Address 1 Sailfish Cir

City State Zip Code  
Hattiesburg MS 39402-9520

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  
1 0 / 1 4 / 2 0 1 0

**Transaction ID:** 012403B6D0520771868

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter L Schwartz, MD

Mailing Address 6 Ursuline Ct

City State Zip Code  
Oyster Bay NY 11771-4113

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  
1 0 / 2 0 / 2 0 1 0

**Transaction ID:** 73A1906FAB1A0595971

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles T Slack, MD

Mailing Address 1300 Westmont Dr

City State Zip Code  
McKinney TX 75070-3963

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  
1 0 / 1 9 / 2 0 1 0

**Transaction ID:** 05790ED0852DF4CF777

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Rick J Smith, MD  
Mailing Address 942 Cherry Valle Ln  
City Williamston State MI Zip Code 48895-9076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 19 / 2010  
Transaction ID: 88A30DF5-FE28-42B5-  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Craig Staebel, MD  
Mailing Address 115 Poppy Hills Cv S  
City Georgetown State TX Zip Code 78628-1179  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 26 / 2010  
Transaction ID: 2682DBB4C090409E89F  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas P Sterry, MD  
Mailing Address Apt. 3D  
City New York State NY Zip Code 10024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 10 / 26 / 2010  
Transaction ID: 2D8CE2C338588164200  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 31  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John P Stratis, MD

Mailing Address 2870 Ford Farm Rd

City Mechanicsburg State PA Zip Code 17055-5987

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 11 / 01 / 2010

**Transaction ID:** 1A202D3F8558FB6DF69

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Louis L Strock, MD

Mailing Address 3458 Bellwood Ct

City Fort Worth State TX Zip Code 76109-3109

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

Name of Employer Self Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 20 / 2010

**Transaction ID:** FEA564CBA55F1E249D3

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory M Swank, MD

Mailing Address 5141 Hurricane Hill Rd

City Granite Falls State NC Zip Code 28630-8384

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

Name of Employer Piedmont Plastic Surgery & Dermatology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 14 / 2010

**Transaction ID:** 5254B7610946C433EDC

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

**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 23 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Tehrani, MD		Date of Receipt
	Mailing Address 108 E 35th St		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10016-3807
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: BDB3518A9F135BA752D
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="2500.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Tehrani, MD		Date of Receipt
	Mailing Address 108 E 35th St		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	New York	NY	10016-3807
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: E890DEFB35BEB5AF818
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="2500.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Louise Turkula, MD		Date of Receipt
	Mailing Address 400 Leaf St		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Orono	MN	55356-8301
	FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: A5743E7F2B2331F168C
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"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="800.00"/>
<b>TOTAL</b> 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 24 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jerome S Weiskopf, MD  
Mailing Address 11127 Abbotsford Pl

City State Zip Code  
Belvidere IL 61008-8169

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

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 14 / 2010  
Transaction ID: 82539CD25CDBCD2710C  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory P Wittpenn, MD  
Mailing Address 2316 Carole St

City State Zip Code  
Nacogdoches TX 75965-2269

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

Name of Employer New Horizons Plastic Surgery Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 15 / 2010  
Transaction ID: 47D842A7-4A05-4EC5-  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Lester J Yen, MD  
Mailing Address 4208 Cherrywood Ct

City State Zip Code  
West Des Moines IA 50265-5368

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

Name of Employer The Iowa Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 26 / 2010  
Transaction ID: E9ECF7DA4EB8572D8FF  
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 25 / 31
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Hani Zeini

Mailing Address 6769 Hollister Ave

City State Zip Code  
Santa Barbara CA 93117-3001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 14 / 2010

**Transaction ID:** 9948F28726A5D3B2A93

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
James E Zins, MD

Mailing Address 7779 Battles Rd

City State Zip Code  
Gates Mills OH 44040-9353

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

Name of Employer Occupation  
Cleveland Clinic Foundati- on Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2010

**Transaction ID:** 4D44EF7758A251502C0

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19766.67</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 31	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Castle Campaign Fund		Date of Receipt																					
	Mailing Address PO Box 133		<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>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	5		2	0	1	0														
	City State Zip Code Wilmington DE 19899		<b>Transaction ID:</b> DBA4DEECF7AF811C6B0																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00																					
Name of Employer Occupation		Campaign Returned Check																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 31

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

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

A.

Full Name (Last, First, Middle Initial)  
JP Morgan Chase

Transaction ID: D2722DB895559211740

Date of Disbursement

Mailing Address 1201 South Milwaukee Ave

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

City State Zip Code  
Libertyville IL 60048

Amount of Each Disbursement this Period

442.77
--------

Purpose of Disbursement  
Bank Fees

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

442.77
--------

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

442.77
--------

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Carly for California Inc <hr/> Mailing Address 520 Capitol Mall Suite 220 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement 2010 General Candidate Name Carly Fiorina <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 83559FA4EFD4B86A9D5 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Joe Heck <hr/> Mailing Address PO Box 750114 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement 2010 General Candidate Name Joseph Heck, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 575DF6212EC9F920ACF Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte <hr/> Mailing Address PO Box 233 <hr/> City Nashua State NH Zip Code 03061 <hr/> Purpose of Disbursement 2010 General Candidate Name Kelly A. Ayotte <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDCAB79409562D9FC42 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

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

9500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Nan Hayworth <hr/> Mailing Address 51 Gleneida Avenue <hr/> City Carmel State NY Zip Code 10512 <hr/> Purpose of Disbursement 2010 General Candidate Name Nan S. Hayworth <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 83E4F71DE5A15FFA1AA Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kevin McCarthy for Congress <hr/> Mailing Address PO Box 12667 <hr/> City Bakersfield State CA Zip Code 93389 <hr/> Purpose of Disbursement 2010 General Candidate Name Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7A360706CB52FD5F822 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mike Pence Committee <hr/> Mailing Address PO Box 408 <hr/> City Anderson State IN Zip Code 46015 <hr/> Purpose of Disbursement 2010 General Candidate Name Mike Pence <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2C01C945387905F02A2 Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Raese for Senate Committee <hr/> Mailing Address PO Box 262 <hr/> City Morgantown State WV Zip Code 26507 <hr/> Purpose of Disbursement 2010 General Candidate Name John R. Raese <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E380B2E9E163DCF8C6F Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ron Johnson for Senate Inc <hr/> Mailing Address 601 Oregon Street Suite A <hr/> City Oshkosh State WI Zip Code 54902 <hr/> Purpose of Disbursement 2010 General Candidate Name Ronald H. Johnson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 100884B6DA54938351F Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Rossi for Senate <hr/> Mailing Address PO Box 50713 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 2010 General Candidate Name Dino Rossi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 168CC5DFB92AEC7FAAB Date of Disbursement 10 / 21 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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 PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Sandy Adams for Congress <hr/> Mailing Address PO Box 1566 <hr/> City Orlando State FL Zip Code 32802 <hr/> Purpose of Disbursement 2010 General Candidate Name Sandra Adams <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 827599D744A860A4606 Date of Disbursement 10 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Category/ Type 011		
	<b>B.</b> Full Name (Last, First, Middle Initial) Stivers for Congress <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement 2010 General Candidate Name Steve Stivers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7C6A1E7E3755D829210 Date of Disbursement 10 / 27 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Category/ Type 011	
		<b>C.</b> Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 General Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D04AEA7FE2D27D6A86D Date of Disbursement 10 / 21 / 2010 <hr/> Amount of Each Disbursement this Period 3000.00 <hr/> Category/ Type 011

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

7500.00

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

36000.00