

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Society of Plastic Surgeons

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		55979.86
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	33157.86									
(c) Total Receipts (from Line 19)	138530.00	151708.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	171687.86	207687.86								
7. Total Disbursements (from Line 31)	80000.00	116000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91687.86	91687.86								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	116879.00	126429.00
(i) Itemized (use Schedule A)	21651.00	22779.00
(ii) Unitemized	138530.00	149208.00
(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)	138530.00	149208.00
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	138530.00	151708.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	138530.00	151708.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	80000.00	116000.00
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))..	80000.00	116000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80000.00	116000.00

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)	138530.00	149208.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	138530.00	149208.00
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: PAGE 6 / 100
(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)
Nina Shaikh-Naidu, MD

Mailing Address 160 E. 72nd St

City State Zip Code
New York NY 10021-4364

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: AAE88E203006E48ED87A

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ronald Freeman, MD

Mailing Address 420 Charter Blvd , Suite 103

City State Zip Code
Macon GA 31210-0717

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
07 / 03 / 2007

Transaction ID: A5BE4A8A51F0B4412BB6

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address Suite 109
1844 San Miguel Drive

City State Zip Code
Walnut Creek CA 94596-8601

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

Name of Employer Self Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: A667FD1E7FFDD46CBB59

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: PAGE 7 / 100

(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)
Ernesto Ruas, MD

Mailing Address 603 South Blvd

City Tampa State FL Zip Code 33606-2629

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2007

Transaction ID: A7D76EA1D22A84349AD4

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Antonio Gayoso, MD

Mailing Address 4600 4th Street, N.

City Saint Petersburg State FL Zip Code 33703-3802

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2007

Transaction ID: AB6C24B9B35E64E59AC1

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 10 Eagle Drive
10 Eagle Drive

City Canton State MA Zip Code 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 07 / 03 / 2007

Transaction ID: A62A76BA597A74B51B3E

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 8 / 100

(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)
James Lovett, MD

Mailing Address 301 Pkwy

City State Zip Code
Greer SC 29650-5221

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
07 / 09 / 2007

Transaction ID: A0A13199FE5EF45F2BCE

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 18 Miller Rd

City State Zip Code
Sumter SC 29150-2403

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

Name of Employer Iris Surgery Center Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2007

Transaction ID: AA7A84E3DE6754F65B6D

Amount of Each Receipt this Period
500.00

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

M M / D D / Y Y Y Y
07 / 09 / 2007

Transaction ID: AA9E770B5966C4644AD2

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 9 / 100
(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 Watanabe, MD

Mailing Address 24401 Calle De La Louisa, Suite 10

City Laguna Hills State CA Zip Code 92653-3624

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 09 / 2007

Transaction ID: AE04040D0BF6442AF812

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
Alfred Wilder, MD

Mailing Address Suite 203
3003 Bee Cave Road

City Austin State TX Zip Code 78746-5550

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 09 / 2007

Transaction ID: A357746703AFA4590B93

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Holly Casey Wall

Mailing Address #106
1400 E. Bert Kouns

City Shreveport State LA Zip Code 71105-5647

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 07 / 09 / 2007

Transaction ID: AA1EAD0418C744E9CB2D

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 10 / 100
(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)
Reza Momeni

Mailing Address 75 Elm St

City State Zip Code
Summit NJ 07901-3435

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

Name of Employer Information Requested Occupation
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: A88BC61319D214052A7F

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
June S Chen

Mailing Address Suite 175
7240 South Highland Drive

City State Zip Code
Salt Lake City UT 84121-6523

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

Name of Employer Information Requested Occupation
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: AEA2CC29A726142C69B3

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Norman Rappaport, MD

Mailing Address Suite 1812
6560 Fannin Street

City State Zip Code
Houston TX 77030-2775

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

Name of Employer Self Occupation
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2007

Transaction ID: A4205CCA132F140BF823

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 11 / 100
(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
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: A07C1E7E06A924656823

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 Concord State CA Zip Code 94520-2055

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
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: A74A1285208F140EC8C1

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Herluf Lund, MD

Mailing Address Suite 300
17300 N. Outer 40 Road

City Chesterfield State MO Zip Code 63005-1364

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

Name of Employer St. Louis Cosmetic Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: A7DAE25FFE5A64927BAD

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 12 / 100
(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 Wyatt, MD

Mailing Address #206
2232 Dell Range Boulevard

City State Zip Code
Cheyenne WY 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
MM / DD / YYYY
07 / 12 / 2007

Transaction ID: A5DF0813CFDE94B078CE

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1800 Abbotsford Green Dr.

City State Zip Code
Powell OH 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 ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2007

Transaction ID: A57BDA8C03FAD4415BB5

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Stephan Baker

Mailing Address 1717 N. Bayshore Drive
1717 N. Bayshore Drive

City State Zip Code
Miami FL 33132-1180

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

Name of Employer Stephan Baker MD, PA Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 17 / 2007

Transaction ID: A7D7A88E604E44BD1ADF

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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 / 100
(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

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

Mailing Address Suite 100
2865 Pga Boulevard

City State Zip Code
Palm Beach Gardens FL 33410-2910

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

Name of Employer Estetica Institute Occupation Physician

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

Date of Receipt

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

Transaction ID: A689166EE20B748A5B09

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Deborah White, MD

Mailing Address Suite 104
8896 E. Becker Lane

City State Zip Code
Scottsdale AZ 85260-6281

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

Name of Employer Self Occupation Physician

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

Date of Receipt

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

Transaction ID: ADD99CF5873214E7192F

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Simeon Wall, MD

Mailing Address Suite 106
1400 E Bert Kouns

City State Zip Code
Shreveport LA 71105-5647

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

Name of Employer Self Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: A8455CB08C40F4D44907

Amount of Each Receipt this Period
500.00

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 14 / 100
(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
07 / 18 / 2007

Transaction ID: A2A154A52CCAB401A92C

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Orlando Canizares

Mailing Address P.S Bos 361005

City State Zip Code
San Juan PR 00936

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

Name of Employer Clinica Las Americas Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: A15A7DF3FE7384066AA7

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite 370
1105 Central Expressway

City State Zip Code
Allen TX 75013

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
07 / 18 / 2007

Transaction ID: A5AF02945BA1A4239BF6

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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 / 100

(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 Heieck, MD

Mailing Address 8900 West Dodge Rd

City State Zip Code
Omaha NE 68114-3302

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2007

Transaction ID: ABE1D5CA3520D4B1791A

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert G Anderson

Mailing Address Suite 100
800 12th Avenue

City State Zip Code
Fort Worth TX 76104-2519

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

M M / D D / Y Y Y Y Y
07 / 23 / 2007

Transaction ID: AAABFBBF66D614DFC917

Amount of Each Receipt this Period
300.00

C.

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

M M / D D / Y Y Y Y Y
07 / 24 / 2007

Transaction ID: A6818537AB7C54A40A04

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 16 / 100

(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)
Linda Phillips, MD

Mailing Address 6 124 McCullough Building
301 University Boulevard

City State Zip Code
Galveston TX 77555-0001

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2007

Transaction ID: AB744CD2FCA2A41E6B5B

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Stephen Hall, MD

Mailing Address 33 Overlook Rd , Suite 205

City State Zip Code
Summit NJ 07901-3562

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2007

Transaction ID: A9ED485CFA77842DEA47

Amount of Each Receipt this Period

500.00

C.

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

Mailing Address 1578 Humboldt St

City State Zip Code
Denver CO 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

M M / D D / Y Y Y Y
07 / 24 / 2007

Transaction ID: A0827BC8931804E89862

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 100
(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

A. Full Name (Last, First, Middle Initial)
David Pratt, MD
Mailing Address 4005 Colby Ave
City Everett State WA Zip Code 98201-4928
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 07 / 26 / 2007
Transaction ID: AE04245F994E24D1EB82
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Andres G Resto
Mailing Address Suite 105
1485 West Warm Springs Road
City Henderson State NV Zip Code 89014-7632
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 ▼ 2000.00
Date of Receipt 07 / 26 / 2007
Transaction ID: A220DAFAE8DED40B6ABD
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Richard Zienowicz, MD
Mailing Address 2 Duldey St , Suite 460
City Providence State RI Zip Code 02905-3248
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 30 / 2007
Transaction ID: A3552AC1CAA92404CBA9
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2865.00
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 / 100
(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)
Deason Dunagan, MD

Mailing Address 303 William 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
07 / 30 / 2007

Transaction ID: A50428F2926E24F5299D

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael Reed, MD

Mailing Address 100 Retreat Ave

City State Zip Code
Hartford CT 06106-2528

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
07 / 30 / 2007

Transaction ID: A2194659209E047A6A15

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Khoa D Lai

Mailing Address Suite 210
1345 Unity Place

City State Zip Code
Lafayette IN 47905-5762

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
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: A2966C01B11104006884

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 19 / 100
(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)
Mark Granick, MD

Mailing Address 90 Bergen St , Suite 7200

City Newark State NJ Zip Code 07103-2425

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 08 / 06 / 2007

Transaction ID: A01514FF32F6344B4905

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 2460 N. Ponderosa Dr Suite A117

City Camarillo State CA Zip Code 93010-2468

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 08 / 06 / 2007

Transaction ID: AF3C2D7CC0F7445CE934

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 6606 10th Ave North

City Saint Petersburg State FL Zip Code 33710-6104

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 08 / 06 / 2007

Transaction ID: A3FEB0DF87A7A46B8A09

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 20 / 100
(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 ▼ 400.00

Date of Receipt 08 / 06 / 2007

Transaction ID: A61CE1AC0FDC54CD7BE4

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Thomas Hubbard, MD

Mailing Address Suite 100
396 S. Witchduck Road

City Virginia Beach State VA Zip Code 23462-3600

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 08 / 06 / 2007

Transaction ID: A58D2587E64D34E8BBEA

Amount of Each Receipt this Period 500.00

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

Mailing Address 1008 Dodge SE #305

City Omaha State NE Zip Code 68102-1156

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 ▼ 1000.00

Date of Receipt 08 / 06 / 2007

Transaction ID: A6012F789E8B24D7C847

Amount of Each Receipt this Period 1000.00

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: PAGE 21 / 100
(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)
Galen Perdakis, MD

Mailing Address 4500 San Pablo Rd

City Jacksonville State FL Zip Code 32224-1865

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

Name of Employer Mayo Clinic Jacksonville Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2007
Transaction ID: A8ED368511B8D47FFA05
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Thomas Kennedy, MD

Mailing Address Suite 308 #4 Hospital Plaza

City Clarksburg State WV Zip Code 26301-9318

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: 08 / 06 / 2007
Transaction ID: A60E27A6D8A66450692C
Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 530 Hammill

City Reno State NV Zip Code 89511-2045

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: 08 / 07 / 2007
Transaction ID: AC380C7B0221F42598FA
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 22 / 100
(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)
Janis Dipietro

Mailing Address 155 E. 76th St

City State Zip Code
New York NY 10021-2810

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

Name of Employer Information Requested Occupation
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: A36E51632A83D46C19C7

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Mark D Wigod

Mailing Address 3630 E. Louise Dr

City State Zip Code
Meridian ID 83642-7975

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

Name of Employer Information Requested Occupation
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: A6AF2A1C0C7B94603945

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Calvin Peters, MD

Mailing Address 2501 N. Orange Ave, Suite 310

City State Zip Code
Orlando FL 32804-4642

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

Name of Employer Self Occupation
Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2007

Transaction ID: A36AD1D813C5E400CAD6

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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 / 100
(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 08 / 07 / 2007

Transaction ID: A1C788F5B3FDE4FFFA46

Amount of Each Receipt this Period 1000.00

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 Information Requested Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 08 / 2007

Transaction ID: A0E20736050E84FCB99F

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Haroon A Aziz

Mailing Address Suite 120
1120 Polaris Parkway

City Columbus State OH Zip Code 43240-4042

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 08 / 14 / 2007

Transaction ID: A60F9F215BF7E4B2EAB9

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 24 / 100
(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

A. Full Name (Last, First, Middle Initial)
Thomas M Dewire, Sr.
Mailing Address 3974 Springfield Rd
City State Zip Code
Glen Allen VA 23060-4119
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 08 / 14 / 2007
Transaction ID: AB2E0EB797FF8431A8C9
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Steven Struck, MD
Mailing Address 3301 El Camino Real, Suite 200
City State Zip Code
Atherton CA 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 08 / 14 / 2007
Transaction ID: A3EC5C75FF3D9475180E
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Joel Atchison
Mailing Address Suite 45
4009 6th Avenue
City State Zip Code
Kearney NE 68845-2393
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 08 / 16 / 2007
Transaction ID: AF80FD580E2C5479FACA
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00
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 25 / 100
	<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) James Cullington, MD		Date of Receipt
	Mailing Address 1010 W. 9th 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 08 / 16 / 2007
	City	State	Zip Code
	Austin	TX	78703
	FEC ID number of contributing federal political committee. C		Transaction ID: AFD04FDA23AA9442C870
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Oscar Vargas, MD		Date of Receipt
	Mailing Address Mendez Vigo 165 Este		<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 08 / 16 / 2007
	City	State	Zip Code
	Mayaguez	PR	00680-2801
	FEC ID number of contributing federal political committee. C		Transaction ID: AA2B51AD312E24E2D895
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) John Kelleher		Date of Receipt
	Mailing Address 1819 Coulter Drive		<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 08 / 16 / 2007
	City	State	Zip Code
	Amarillo	TX	79106
	FEC ID number of contributing federal political committee. C		Transaction ID: A55BDCFB9AEB14A8B9C9
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Requested		Physician	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2250.00
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 26 / 100

(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)
Scot Glasberg, MD

Mailing Address 42a East 74th St

City State Zip Code
New York NY 10021-2735

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 ▼
1008.00

Date of Receipt

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

Transaction ID: A6A9B8C38A0BB4284B22

Amount of Each Receipt this Period
1008.00

B.

Full Name (Last, First, Middle Initial)
Kimberly Goh, MD

Mailing Address Suite 101
4610 Oleander Drive

City State Zip Code
Myrtle Beach SC 29577-5752

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	8		2	0		2	0	0	7

Transaction ID: A3F74E7CBFE94460A805

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Galen Perdakis, MD

Mailing Address 4500 San Pablo Rd

City State Zip Code
Jacksonville FL 32224-1865

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

Name of Employer Mayo Clinic Jacksonville Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: AAAA11D5A74F24242BCC

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ►

1558.00

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 / 100
(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

A. Full Name (Last, First, Middle Initial)
Kenneth Jones, MD

Mailing Address Suite A
526 North Chelan Avenue

City State Zip Code
Wenatchee WA 98801-6696

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2007

Transaction ID: A912ED3D255B04A6A84E

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Paul Rosenberg, MD

Mailing Address 3rd Floor
1567 Palisade Avenue

City State Zip Code
Fort Lee NJ 07024-6923

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
08 / 23 / 2007

Transaction ID: AFC5788FB462E45EBB77

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Linda Phillips, MD

Mailing Address 6 124 McCullough Building
301 University Boulevard

City State Zip Code
Galveston TX 77555-0001

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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: A31CE25DB3EA2467EA6E

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: PAGE 28 / 100

(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)
Paul Weiss, MD

Mailing Address 1049 5th Ave , Suite 2d

City State Zip Code
New York NY 10028-0115

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 8 / 2 3 / 2 0 0 7

Transaction ID: A71D29FD3D2D04576B87

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 3500 Cutter Way

City State Zip Code
Sacramento CA 95818-4442

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 ▼ 1000.00

Date of Receipt

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

Transaction ID: A57083DD716974FAAA14

Amount of Each Receipt this Period
1000.00

C.

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
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 8 / 2 8 / 2 0 0 7

Transaction ID: A5ADBD349071E4FDD9D6

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶

1550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 100

(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)
Jon Finkler, MD

Mailing Address 2200 Sunrise Blvd , Suite 250

City State Zip Code
Gold River CA 95670-4378

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 8 / 2 8 / 2 0 0 7

Transaction ID: AD655DE1BE0574C7DB13

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Stephen Hardy, MD

Mailing Address 614 W. Spruce St

City State Zip Code
Missoula MT 59802-4002

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 8 / 2 8 / 2 0 0 7

Transaction ID: AABC8D8EBF7904AF3911

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 211 State St

City State Zip Code
Greensboro NC 27408-2151

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

Name of Employer Self Occupation
Physician

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

Date of Receipt

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

Transaction ID: A5257BA3D56904B14AB3

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 30 / 100

(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 Abramson, MD

Mailing Address 42a East 74th St

City	State	Zip Code
New York	NY	10021-2735

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
---	------------------------------------

Date of Receipt

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

Transaction ID: A694CA2651EA640A284F

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Joel Shanklin, MD

Mailing Address Suite A
900 Mohawk Street

City	State	Zip Code
Savannah	GA	31419-1772

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

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: AB627BE266B51424EB03

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

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
---	------------------------------------

Date of Receipt

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

Transaction ID: A15036E03EB784CEB9DA

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 100

(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)
Keith Brandt, MD

Mailing Address Suite 5401, North Campus, Box 8238
660 S. Euclid Avenue

City State Zip Code
Saint Louis MO 63110-1010

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

Name of Employer
Div. of Plastic & Reconstructi
Surgery

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 8 / 2 8 / 2 0 0 7

Transaction ID: AB3422598DDE646D689C

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 552 Stassi Ln

City State Zip Code
Santa Monica CA 90402-1338

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 8 / 2 8 / 2 0 0 7

Transaction ID: ABBD1E2A4F2FE4AD2BB9

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Alian Polynice

Mailing Address Ste. 1AB
59 East 79th Street

City State Zip Code
New York NY 10075-0258

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

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: A91085A29EA8D4955BDC

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

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 32 / 100
(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 Fagg, MD

Mailing Address 2901 Maplewood Ave

City State Zip Code
Winston Salem NC 27103-4009

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
08 / 28 / 2007

Transaction ID: A29AFC49CB6EC452F81C

Amount of Each Receipt this Period
250.00

B.

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 Information Requested Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2007

Transaction ID: A4727B42D55334949C6

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Charles Lee, MD

Mailing Address 436 N. Roxbury Drive

City State Zip Code
Beverly Hills CA 90210-5026

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
08 / 28 / 2007

Transaction ID: AEC0C5E0234244CC992A

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 33 / 100
(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

A. Full Name (Last, First, Middle Initial)
Phillip Kearney
 Mailing Address 105 27th Ave. SE
 City Puyallup State WA Zip Code 98374-1150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Information Requested
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 08 / 28 / 2007
Transaction ID: AC305F63AFC9F44BAA04
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Daniel Garritano, MD
 Mailing Address 4139 Boardman Canfield Rd.
 City Canfield State OH Zip Code 44406
 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 08 / 28 / 2007
Transaction ID: A8D23784671674B68BAD
 Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Lynn D Derby
 Mailing Address Suite 206
235 E. Rowan Avenue
 City Spokane State WA Zip Code 99207-1240
 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 08 / 28 / 2007
Transaction ID: A799F319870E64BBE82A
 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 34 / 100
(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)
Peter R Ledoux

Mailing Address PRMA of South Texas
9365 Huebner Rd.

City State Zip Code
San Antonio TX 78240-1506

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

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

Transaction ID: A150706DF207E418EA69

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Gerald Schneider, MD

Mailing Address 10666 N. Torrey Pines Rd

City State Zip Code
La Jolla CA 92037-1027

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

Name of Employer Scripps Clinic 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 8 / 2 8 / 2 0 0 7

Transaction ID: A0178537DCE1A4768ABA

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
Darrick Antell, MD

Mailing Address 850 Park Ave

City State Zip Code
New York NY 10075-1845

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 ▼
501.00

Date of Receipt

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

Transaction ID: AAC288DC792774BB0AC4

Amount of Each Receipt this Period

501.00

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 35 / 100
(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)
Hilton Adler, MD

Mailing Address 179 Bellemeade Rd , Suite 1

City East Setauket State NY Zip Code 11733

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 08 / 28 / 2007
Transaction ID: AC970A8E86E5D453EB8B
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 16633 Ventura Blvd.

City Encino State CA Zip Code 91436-1802

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 ▼ 1000.00

Date of Receipt 08 / 28 / 2007
Transaction ID: AB81843ADCB444AE0A66
Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address Suite 401
600 John Deere Road

City Moline State IL Zip Code 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 08 / 28 / 2007
Transaction ID: AB29822166F4B41D791F
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 36 / 100
(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)
Shahin Javaheri

Mailing Address Suite 626
2999 Regent Street

City Berkeley State CA Zip Code 94705-2121

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 08 / 28 / 2007

Transaction ID: AD9E3F16934E24953A1D

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
James D Namnoum

Mailing Address Suite 500
975 Johnson Ferry Road

City Atlanta State GA Zip Code 30342-4737

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 08 / 29 / 2007

Transaction ID: AB34CA784CB804162AB7

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Howard Rosenberg, MD

Mailing Address 2204 Grant Rd , Suite 201

City Mountain View State CA Zip Code 94040-3877

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 29 / 2007

Transaction ID: AA1B74A77210B4274AEF

Amount of Each Receipt this Period 300.00

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: PAGE 37 / 100
(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 Freehold State NJ Zip Code 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 08 / 29 / 2007
Transaction ID: A7DF993FA32D9433EB72
Amount of Each Receipt this Period 500.00

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

Mailing Address 1334 Nelson Ave

City Modesto State CA Zip Code 95350-5341

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 ▼ 1000.00

Date of Receipt 08 / 30 / 2007
Transaction ID: AF5D4D261DF164D4C8CF
Amount of Each Receipt this Period 1000.00

C. 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 ▼ 1400.00

Date of Receipt 08 / 30 / 2007
Transaction ID: AC792AB4E94BE49EDA36
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 38 / 100
(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 Canady, MD

Mailing Address 200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1007

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

Name of Employer Univ. IA Hosp. Plastic Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2007

Transaction ID: A0FB36E0CAE014C75B79

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address Suite 460
1301 20th Street

City Santa Monica State CA Zip Code 90404-2088

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 09 / 05 / 2007

Transaction ID: A9695BEAC26584653B0D

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Jonathan Kaplan

Mailing Address 5455 North Marginal Road

City Cleveland State OH Zip Code 44114-3937

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 05 / 2007

Transaction ID: A8CF0DE12742B4EB0865

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 39 / 100
(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 A Epstein		Date of Receipt MM / DD / YYYY 09 / 05 / 2007
Mailing Address Suite 211 1535 Lake Cook Road		Transaction ID: AEB38F5C88B3F4FE7B59
City Northbrook	State Zip Code IL 60062-1451	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	Occupation Physician	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B.

Full Name (Last, First, Middle Initial) Soheil Sean Younai, MD		Date of Receipt MM / DD / YYYY 09 / 05 / 2007
Mailing Address Suite 100 16055 Ventura Boulevard		Transaction ID: A4DC11EECCAB44530986
City Encino	State Zip Code CA 91436-2608	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C.

Full Name (Last, First, Middle Initial) Anne Taylor, MD		Date of Receipt MM / DD / YYYY 09 / 05 / 2007
Mailing Address 1800 Abbotsford Green Dr.		Transaction ID: AE7A15659486C4E2CA0E
City Powell	State Zip Code OH 43065-8939	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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: PAGE 40 / 100
(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)
Curtis Wong, MD

Mailing Address Suite 101
2439 Sonoma Street

City Redding State CA Zip Code 96001-3026

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 05 / 2007
Transaction ID: A1EDA47D0427D4168AED
Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address 23560 Madison St.

City Torrance State CA Zip Code 90505-4708

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 09 / 05 / 2007
Transaction ID: A1F2FE9E6530D4AFFAAC
Amount of Each Receipt this Period 250.00

C.

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

Mailing Address Suite 101
351 Rolling Oaks Dr.

City Thousand Oaks State CA Zip Code 91361-1278

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 06 / 2007
Transaction ID: A08B23619BEE948E4BC3
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 41 / 100
(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)
Ralph Colpitts, MD

Mailing Address P o Box 2085

City State Zip Code
Lake Charles LA 70602-2085

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

Name of Employer Plastic Surgery Associates of SWLA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2007

Transaction ID: A4A9B5C73ACD54AEE8EB

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Johnson

Mailing Address 7910 Wolf River Blvd

City State Zip Code
Germantown TN 38138-1725

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
09 / 06 / 2007

Transaction ID: A6F3B32D04DE64261B30

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David M Turner

Mailing Address Suite C-8
711 W. 38th Street

City State Zip Code
Austin TX 78705-1137

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
09 / 06 / 2007

Transaction ID: ACB4C42C568D941A598D

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: PAGE 42 / 100
(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 Hall		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
Mailing Address Suite 216 11401 Nall Avenue		Transaction ID: A49DB5208A77E438FA95
City Leawood	State Zip Code KS 66211-1850	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Advanced Cosmetic Surgery, PA	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) Petra Schneider-Redden, MD		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
Mailing Address 4 Medical Blvd Hattiesburg Clinic		Transaction ID: A1ED7AFF47DB84F1A997
City Hattiesburg	State Zip Code MS 39401-7230	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Bruce Van Natta		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
Mailing Address 170 W. 106th St		Transaction ID: A59D19C65422447F58F1
City Indianapolis	State Zip Code IN 46290-1004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	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)	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 / 100

(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 Abramson, MD Mailing Address 42a East 74th St City State Zip Code New York NY 10021-2735 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007 Transaction ID: A78D28A0795814E23BE6 Amount of Each Receipt this Period 500.00
B.	Full Name (Last, First, Middle Initial) J.L Crow, MD Mailing Address 1428 Central Ave N. e City State Zip Code East Grand Forks MN 56721-1605 FEC ID number of contributing federal political committee. C Name of Employer Red River Plastic Surgery Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007 Transaction ID: A226C0D4D10144FE8B52 Amount of Each Receipt this Period 250.00
C.	Full Name (Last, First, Middle Initial) Michael J Miller Mailing Address 2285 Conventry Rd. City State Zip Code Columbus OH 43221-4211 FEC ID number of contributing federal political committee. C Name of Employer University of Texas Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2007 Transaction ID: A8552A73D1D024A9AB48 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶

1115.00

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 44 / 100
	<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) Thomas J Zaydon, Jr.		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
	Mailing Address Suite 509 3661 S. Miami Avenue		Transaction ID: A192722F72FC3408D91A
	City Miami	State FL	Zip Code 33133-4200
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Cosmetic Surgery Institute	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) Nadia Blanchet, MD		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
	Mailing Address 9210 Forest Hill Ave		Transaction ID: A5E313F2CD41C47368F6
	City Richmond	State VA	Zip Code 23235-6880
	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	

C.	Full Name (Last, First, Middle Initial) Peter Schwartz, MD		Date of Receipt MM / DD / YYYY 09 / 11 / 2007
	Mailing Address 143 Froehlich Farm Rd		Transaction ID: A4D7FB64EA7DC4999B56
	City Woodbury	State NY	Zip Code 11797-2906
	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	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
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 45 / 100
(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 P Bloch

Mailing Address Suite 2 E.
1160 Park Avenue W.

City Highland Park State IL Zip Code 60035-2271

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 ▼ 365.00

Date of Receipt 09 / 11 / 2007

Transaction ID: A09B5BA2ACB1A467AAB5

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Gilbert Lee, MD

Mailing Address 11515 El Camino Real Rd , Suite 15

City San Diego State CA Zip Code 92130-3037

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 11 / 2007

Transaction ID: A3D65A97BEBE3498FB80

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Gregory Evans, MD

Mailing Address Uci Manchester Pavilion
200 S. Manchester Avenue

City Orange State CA Zip Code 92868-3217

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

Name of Employer Aesthetic & Plastic Surgery Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 13 / 2007

Transaction ID: AF6BF628DD39B4915A29

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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 / 100

(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)

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

M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: AA8DA92196F174337AD5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alan M Bienstock

Mailing Address Suite 1e
19 East 80th Street

City State Zip Code
New York NY 10075-0117

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
09 / 13 / 2007

Transaction ID: AFA48E0FF826643FFA50

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carl W Lentz, III

Mailing Address 1040 W. International Speedway Blv

City State Zip Code
Daytona Beach FL 32114-3434

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

M M / D D / Y Y Y Y
09 / 13 / 2007

Transaction ID: A034A22C0E48D40338AE

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 47 / 100
(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)
Rick Smith, MD

Mailing Address Suite 102
2900 Hannah Boulevard

City East Lansing State MI Zip Code 48823-5380

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2007

Transaction ID: A6F0200B104684BEF97C

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
David L Feldman

Mailing Address Maimonides Medical Center
925 49th Street

City Brooklyn State NY Zip Code 11219-2923

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

Name of Employer Maimonides Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2007

Transaction ID: AFC242B45EB354612801

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Onelia Garcia, MD

Mailing Address 7100 W. 20th Blvd , Suite 110

City Hialeah State FL Zip Code 33016-1813

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2007

Transaction ID: A3797AA2763464091AEC

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 48 / 100
	<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) Charles Lee, MD		Date of Receipt
	Mailing Address 436 N. Roxbury Drive		<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 09 / 18 / 2007
	City	State	Zip Code
	Beverly Hills	CA	90210-5026
	FEC ID number of contributing federal political committee. C		Transaction ID: AA31F9480EB334A7C946
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) John McGill, MD		Date of Receipt
	Mailing Address 436a State 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 09 / 18 / 2007
	City	State	Zip Code
	Bangor	ME	04401-6663
	FEC ID number of contributing federal political committee. C		Transaction ID: A450471460D4C4EACBD0
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) William Georgis, MD		Date of Receipt
	Mailing Address 6030 Garret Ln		<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 09 / 20 / 2007
	City	State	Zip Code
	Rockford	IL	61107-6637
	FEC ID number of contributing federal political committee. C		Transaction ID: AB2C0A3AA96834BDABDF
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 300.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 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 49 / 100
(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 D Corley		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address Suite 106 416 St. Marks Court		Transaction ID: A61871D2E5CE7419897E
City Peoria	State IL	
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) ▼	Aggregate Year-to-Date ▼	

B.

Full Name (Last, First, Middle Initial) Roger Mixer, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address 5201 N. Port Washington Rd		Transaction ID: A68BBC4E2F3EC46B2955
City Milwaukee	State WI	
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) ▼	Aggregate Year-to-Date ▼	

C.

Full Name (Last, First, Middle Initial) Glenn Davis, MD		Date of Receipt MM / DD / YYYY 09 / 20 / 2007
Mailing Address Suite 360 2304 Wesvill Court		Transaction ID: A19C02BD438F14ACA947
City Raleigh	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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 50 / 100
(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)
Bethanne Snodgrass, MD

Mailing Address Suite 216
5300 Harroun Road

City State Zip Code
Sylvania OH 43560-2182

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

Name of Employer Self Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2007

Transaction ID: A62229438B20D4A25A09

Amount of Each Receipt this Period
500.00

B.

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
09 / 24 / 2007

Transaction ID: A16021FC1F7D84E14897

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Roger E Emory

Mailing Address 112 Abingdon Place

City State Zip Code
Abingdon VA 24211-5197

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
MM / DD / YYYY
10 / 01 / 2007

Transaction ID: A5182E18A140D43E489D

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 51 / 100
(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)
Phillip H Nunnery

Mailing Address Suite A
1936 Jenks Avenue

City Panama City State FL Zip Code 32405-4528

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 10 / 01 / 2007

Transaction ID: A1577F01449A9458084F

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Hootan Daneshmand, MD

Mailing Address Suite 100
27462 Portola Parkway

City Foothill Rnch State CA Zip Code 92610-2838

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 / 01 / 2007

Transaction ID: A9B0E8F13E6F644FA9B7

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Wendell Smoot, MD

Mailing Address 9850 Genessee Ave , Suite 300

City La Jolla State CA Zip Code 92037-1208

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 / 01 / 2007

Transaction ID: AD01240CA1D26469C83C

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 52 / 100
	<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) Prasad Sureddi, MD		Date of Receipt
	Mailing Address 714 Chase Pkwy		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Waterbury	CT	06708-3012
	FEC ID number of contributing federal political committee. C		Transaction ID: A2D842EC707754A1CA98
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.	Full Name (Last, First, Middle Initial) Amy G Wandel		Date of Receipt
	Mailing Address 6555 Coyle		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Carmichael	CA	95608-0302
	FEC ID number of contributing federal political committee. C		Transaction ID: A5524048556034916AB9
Name of Employer Mercy Medical Group		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="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Charles Louis Dupin		Date of Receipt
	Mailing Address Suite 640 South 1111 Medical Center Boulevard		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Marrero	LA	70072-3160
	FEC ID number of contributing federal political committee. C		Transaction ID: A7BCE95DDA0EF417DA59
Name of Employer Westbank Plastic Surgery, L.L.C.		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="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: PAGE 53 / 100
(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)
Rafael Avila, MD

Mailing Address Suite 110
1022 E. Griffin Parkway

City Mission State TX Zip Code 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 ▼ 250.00

Date of Receipt 10 / 03 / 2007

Transaction ID: A62491AEDED4A4CB696F

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 2550 Flowood Dr

City Flowood State MS Zip Code 39232-9303

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 / 03 / 2007

Transaction ID: ADEDE264F6B5F43B3A3E

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 601 N. Caroline St
Mcelanderry 8130-d

City Baltimore State MD Zip Code 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 10 / 03 / 2007

Transaction ID: A1C089F0E461844C082E

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 100
(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)
Mitchel Krieger, MD

Mailing Address Suite 301
3700 Joseph Siewick Drive

City State Zip Code
Fairfax VA 22033-1739

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: A376E70DB119F4CDF89A

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Gregory P WittPenn

Mailing Address 627 Russell Blvd

City State Zip Code
Nacogdoches TX 75965-1247

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 ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: A7D865C4CDA884429A53

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
June Wu

Mailing Address Suite 601
161 Fort Washington Avenue

City State Zip Code
New York NY 10032-3729

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

Name of Employer Columbia University 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 Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: AC08978DA6CB44CB2A69

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 55 / 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Alan Serure, MD		Date of Receipt
	Mailing Address 7300 SW 62nd Place, Suite 200		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	South Miami	FL	33143-4800
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: A83C6D057CC244B4FAF5
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) James Marsh, MD		Date of Receipt
	Mailing Address 2677 S. Tamiami Trail		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sarasota	FL	34239-4500
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: A510FFD504C6841EEB3F
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) David Klein, MD		Date of Receipt
	Mailing Address 398 Copperfield Blvd , N. e		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Concord	NC	28025-2402
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Renaissance Plastic Surgery		Occupation Physician	Transaction ID: A0A9EE717EB004708942
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 56 / 100
(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

A.

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

Mailing Address 10210 N. 92nd Street, Suite 200

City State Zip Code
Scottsdale AZ 85258-4524

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 Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A70BCEFD2E320480B96F

Amount of Each Receipt this Period
250.00

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A57A64D8AF57E46EB8B6

Amount of Each Receipt this Period
500.00

C.

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 Information Requested 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 Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: A49A850EAD7C544CDB6B

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 57 / 100
(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) Benjamin Schlechter		Date of Receipt MM / DD / YYYY 10 / 09 / 2007
Mailing Address Suite 207 2603 Keiser Boulevard		Transaction ID: A3658930E070743F4A33
City Wyomissing	State Zip Code PA 19610-3341	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Proserpi-Schlechter CPS	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) Robert Cohen		Date of Receipt MM / DD / YYYY 10 / 10 / 2007
Mailing Address # A - 500 5410 North Scottsdale Road		Transaction ID: AB45E6AE0E4BC4CB0B87
City Paradise Valley	State Zip Code AZ 85253-5927	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scottsdale Center Plastic Surgery	Occupation Physician	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Richard A. D'Amico, MD		Date of Receipt MM / DD / YYYY 10 / 10 / 2007
Mailing Address Suite 3 - NE 180 N. Dean Street		Transaction ID: A5577E59EE1A14C92A08
City Englewood	State Zip Code NJ 07631-2534	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 58 / 100
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
Richard Redman

Mailing Address 7110 Forest Ave.

City Richmond State VA Zip Code 23226-3786

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2007

Transaction ID: AEB6E688F30B743F7A11

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
James Sheridan, MD

Mailing Address 5401 Knoxville Ave , Suite 103

City Peoria State IL Zip Code 61614-5021

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 / 11 / 2007

Transaction ID: AD4A90F93AD9A4EE597D

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
William Strinden

Mailing Address 116 Christie Drive

City Lufkin State TX Zip Code 75904-5534

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 10 / 11 / 2007

Transaction ID: AA4973A4C1A0B499BABE

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 100

(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 Price, MD

Mailing Address Suite 1-8
5 Durham Road

City State Zip Code
Guilford CT 06437-2076

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 0 / 1 1 / 2 0 0 7

Transaction ID: A337D297D19794BEB8B0

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Peter Gee, MD

Mailing Address 3 Woodland Rd , Suite 318

City State Zip Code
Stoneham MA 02180-1713

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 0 / 1 5 / 2 0 0 7

Transaction ID: A7103397B5E8A49B3A43

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 8823 San Jose Blvd , Suite 301

City State Zip Code
Jacksonville FL 32217-4290

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 / 1 5 / 2 0 0 7

Transaction ID: A511A3B2EB4B240D0B18

Amount of Each Receipt this Period
300.00

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: PAGE 60 / 100
(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)
A. Jay Burns, MD

Mailing Address Suite 6000
411 N. Washington

City State Zip Code
Dallas TX 75246-1789

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 Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A0775D08C581D431C964

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
J. Frederick Doepker, MD

Mailing Address 2701 Lincoln Ave

City State Zip Code
Evansville IN 47714-1627

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 Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A26B92B71D8B749A1B6C

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 85 Church St

City State Zip Code
Middletown CT 06457-3647

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 Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: ABF3137EB05E5428C876

Amount of Each Receipt this Period
500.00

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 61 / 100
(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 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
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: A227865C679424643ADE

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Louise Turkula, MD

Mailing Address 2452 Lafayette Rd

City State Zip Code
Wayzata MN 55391-9750

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 0 / 1 6 / 2 0 0 7

Transaction ID: A52F3F0BE46CD469CB67

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard J Beil

Mailing Address PO Box 994
5333 Mcauley Drive Room 5001

City State Zip Code
Ann Arbor MI 48106-0994

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 ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: ACDEC54B5F54D4417974

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 62 / 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Martin A Morse		Date of Receipt MM / DD / YYYY 10 / 16 / 2007
Mailing Address Suite F 10132 Colvin Run Road		Transaction ID: A2D2CCB2A29804BF9953
City Great Falls	State VA	
Zip Code 22066-1840		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Great Falls Plastic 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	

B.

Full Name (Last, First, Middle Initial) John A Persing		Date of Receipt MM / DD / YYYY 10 / 17 / 2007
Mailing Address Yale P S. -Bb330n 330 Cedar Street,		Transaction ID: A871CB507D262441CB50
City New Haven	State CT	
Zip Code 06510-3218		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Boardman Bldg 3rd Floor	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Malcolm Roth, MD		Date of Receipt MM / DD / YYYY 10 / 17 / 2007
Mailing Address 925 49th St		Transaction ID: A62E32FC7DB904A7EABF
City Brooklyn	State NY	
Zip Code 11219-2923		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 63 / 100
	<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 Seward		Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 2120 Pioneer Road		Transaction ID: AA04B1A91CD48469D82A
	City Evanston	State IL	Zip Code 60201-2515
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer American Society Of Plastic Surgeons Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Director Of Government Affairs Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Constantino Mendieta		Date of Receipt MM / DD / YYYY 10 / 18 / 2007
	Mailing Address 2310 S. Dixie Hwy		Transaction ID: A1EE1605C4D754249AF4
	City Miami	State FL	Zip Code 33133-2314
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Todd Pollock, MD		Date of Receipt MM / DD / YYYY 10 / 18 / 2007
	Mailing Address 8305 Walnut Hill Ln , Suite 210		Transaction ID: AA5C6F720B0874B18A12
	City Dallas	State TX	Zip Code 75231-4203
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician 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 64 / 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) R. Michael Koch	Date of Receipt MM / DD / YYYY 10 / 18 / 2007
	Mailing Address Suite 109 155 White Plains Road	Transaction ID: A8673D2CBC3314337941
	City Tarrytown State NY Zip Code 10591-5563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New York Group for Plas Surg Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) James Lin, MD	Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 8021 Laguna Blvd , Suite 3	Transaction ID: AA0CCC69D5487436B9D1
	City Elk Grove State CA Zip Code 95758-7920	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) Ernest G Layton, Jr.	Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address Suite 204 6243 Fairmont Parkway	Transaction ID: AC2DF369C79C84CBAB40
	City Pasadena State TX Zip Code 77505-4047	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) ▼ Aggregate Year-to-Date ▼ 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 65 / 100

(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)
George Picha, MD

Mailing Address Suite 640
5005 Rockside Road

City State Zip Code
Independence OH 44131-6808

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 0 / 2 3 / 2 0 0 7

Transaction ID: AFB867DF84ADD4C3082C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Ronald Downs, MD

Mailing Address Suite 300
500 Arcade Avenue

City State Zip Code
Elkhart IN 46514-2486

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

Name of Employer The Centre P.C. 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 / 2 3 / 2 0 0 7

Transaction ID: ACBC9EF196DFE405FB0C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Lester J Yen

Mailing Address Suite 120
5950 University Avenue

City State Zip Code
West Des Moines IA 50266-8232

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 ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: ABDA1DDD5415F4EB6892

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 66 / 100
(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)
Kiya Movassaghi

Mailing Address Suite 4
1550 Oak Street

City Eugene State OR Zip Code 97401-7701

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 10 / 23 / 2007

Transaction ID: A0A2A40BC1C1E4041860

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address Suite 640
1199 Bush Street

City San Francisco State CA Zip Code 94109-5977

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 10 / 23 / 2007

Transaction ID: A89A7FEC292A344F6885

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
John J O'Brien, Jr.

Mailing Address 7855 38th Ave North

City Saint Petersburg State FL Zip Code 33710-1134

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 10 / 23 / 2007

Transaction ID: AC77AE286BED04814B11

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: (check only one)	PAGE 67 / 100
	<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) Bruce Greenstein, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 327 Heathcothe Rd		Transaction ID: AE49DCE735A254332A5A
City Scarsdale	State Zip Code NY 10583-7107	
FEC ID number of contributing federal political committee. C		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	

B.

Full Name (Last, First, Middle Initial) Lu-Jean Feng		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address Lu-Jean Feng Clinic 31200 Pinetree Road		Transaction ID: AB620A39AE7C541FB927
City Pepper Pike	State Zip Code OH 44124-5928	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Information Requested	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) Peter Giacobazzi, MD		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 7
Mailing Address 433 North Camden Dr , Suite 1170		Transaction ID: A2F9E752F8AFA4298879
City Beverly Hills	State Zip Code CA 90210-4415	
FEC ID number of contributing federal political committee. C		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)	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: (check only one)	PAGE 68 / 100
	<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 H Huffaker	Date of Receipt MM / DD / YYYY 10 / 27 / 2007
	Mailing Address Suite 300 17300 N. Outer 40 Road	Transaction ID: A68CD0DF04DF3467185C
	City State Zip Code Chesterfield MO 63005-1364	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Louis Cosmetic Surgery Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Carol Shapiro, MD	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 1940 Optiz Blvd	Transaction ID: AC2765B6CF76D45739C0
	City State Zip Code Woodbridge VA 22191-3304	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) Mark Labowe, MD	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 100 Ucla Medical Plaza, Suite 747	Transaction ID: A858276816EFD4A2ABDA
	City State Zip Code Los Angeles CA 90095-0001	Amount of Each Receipt this Period 300.00
	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 ▼ 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: PAGE 69 / 100
(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)
J. Gregory Ganske

Mailing Address Suite 312
1301 Penn Avenue

City State Zip Code
Des Moines IA 50316-2368

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

Name of Employer Information Requested Occupation
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 Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A64E28C66018C4B718C5

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Harris, MD

Mailing Address 540 Madison Oak, Suite 560

City State Zip Code
San Antonio TX 78258-3923

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

Name of Employer Self Occupation
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 Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: A40C9676F819A4E16A13

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Charles E Hughes, III

Mailing Address Suite 450
8051 S. Emerson Avenue

City State Zip Code
Indianapolis IN 46237-8667

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

Name of Employer Information Requested Occupation
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 Y
1 0 / 3 0 / 2 0 0 7

Transaction ID: AFB5ADF7C520E4EF8956

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 70 / 100
(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

A. Full Name (Last, First, Middle Initial)
John M Pitman, III

Mailing Address 324 Monticello Ave

City Williamsburg State VA Zip Code 23185-2834

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 11 / 02 / 2007
Transaction ID: A8EDEC7653EE44F0DB78
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Neal R Reisman

Mailing Address Suite 1600
6624 Fannin

City Houston State TX Zip Code 77030-2328

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 11 / 02 / 2007
Transaction ID: ABA1672CD56AF4331857
Amount of Each Receipt this Period 500.00

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

Mailing Address Suite 100
1620 S. Congress Avenue

City Palm Springs State FL Zip Code 33461

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 02 / 2007
Transaction ID: AAC8F0A74FBB54D51965
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 71 / 100
(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)
Robert Havlik, MD

Mailing Address 7043 Fox Hollow Ridge

City State Zip Code
Zionsville IN 46077

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

Name of Employer
IN Univ Plas Surg Riley Hosp
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: A562D1D20CF4444E4936

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 2080 Century Park East, Suite 1110

City State Zip Code
Los Angeles CA 90067-2014

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 ▼
2000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: AF8EE2CB0094A4FD2B62

Amount of Each Receipt this Period
2000.00

C.

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
Information Requested
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: AFD22D1FD774645759D9

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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 72 / 100
(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)
Howard Perofsky, MD

Mailing Address Suite 230
682 Hemlock Street

City Macon State GA Zip Code 31201-8315

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
11 / 02 / 2007

Transaction ID: A1F214879661E4EA58C9

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 5141 Hurricane Hill Road

City Granite Falls State NC Zip Code 28630

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: AB8454F70DEEB4384A04

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Roberta Gartside, MD

Mailing Address 1800 Towne Center Dr , Suite 412

City Reston State VA Zip Code 20190-3240

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
11 / 02 / 2007

Transaction ID: A2A20C54A2B784822980

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 73 / 100
(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)

Carolyn Kerrigan, MD

Mailing Address 4 Partridge Rd.

City State Zip Code
Etna NH 03750

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

Name of Employer Occupation
Dartmouth Hitchcock Medical Center Physician

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

Date of Receipt

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

Transaction ID: A99E36FAFB0204E1AB30

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

William Bull

Mailing Address 3508 Redwing Ct

City State Zip Code
Naperville IL 60564-4435

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

Name of Employer Occupation
Information Requested Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: AC6A76181DDA246D69CA

Amount of Each Receipt this Period
400.00

C.

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 Occupation
Self Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 7

Transaction ID: AE45640A2E13E4E1A8E7

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

2400.00

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 74 / 100

(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 F Carver

Mailing Address Suite 100a
7236 Jordoan Drive

City State Zip Code
Rapid City SD 57702-8740

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
1	1		0	6		2	0	0	7

Transaction ID: A219BE1B385DB4BEBA21

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Chandrasekhar Basu

Mailing Address Suite 1600
3333 Allen Parkway

City State Zip Code
Houston TX 77019-2414

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

Name of Employer Occupation
Baylor Plastic Surgery 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	6		2	0	0	7

Transaction ID: AF8D937E7719748E99C0

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 2550 Flowood Dr

City State Zip Code
Flowood MS 39232-9303

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	0	7

Transaction ID: A651DD84A37F64E418CB

Amount of Each Receipt this Period
1000.00

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 75 / 100
(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)
Robert M Kimmel

Mailing Address 575 East Norwegian St

City Pottsville State PA Zip Code 17901-3711

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

Name of Employer: Keystone Cosmetic Surgery Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 06 / 2007
Transaction ID: AD2B4DF3421664B69828

Amount of Each Receipt this Period: 250.00

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

Mailing Address 3131 Princeton Pike

City Lawrenceville State NJ Zip Code 08648-2207

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

Name of Employer: Self
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 11 / 08 / 2007
Transaction ID: AB34ABDB348044E37937

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Douglas Forman, MD

Mailing Address 11210 Old Georgetown Rd

City North Bethesda State MD Zip Code 20852

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: 11 / 08 / 2007
Transaction ID: A1C65ED3CF86746C08D7

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ► **625.00**

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 76 / 100

(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)

J. Frederick Doepker, MD

Mailing Address 2701 Lincoln Ave

City State Zip Code
Evansville IN 47714-1627

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

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

Transaction ID: A67C54E3CCFF143E38F6

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Michael Cedars, MD

Mailing Address 3300 Webster St , Suite 1106

City State Zip Code
Oakland CA 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 ▼ 250.00

Date of Receipt

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

Transaction ID: AB013DAF60F5641ADAB8

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

David E Saunders

Mailing Address 3 Westbrae Ln

City State Zip Code
Greenville DE 19807-2026

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
1 1 / 1 3 / 2 0 0 7

Transaction ID: A5401883F732A495CB50

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 77 / 100
	<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) Gilbert E Tresley		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address Suite 809 120 Oakbrook Center		Transaction ID: A7D81EDDD74A1476E9BF		
	City Oak Brook	State IL	Zip Code 60523-4761	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) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Constantino Mendieta		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 2310 S. Dixie Hwy		Transaction ID: AA3C76CB124A042E6BD4		
	City Miami	State FL	Zip Code 33133-2314	Amount of Each Receipt this Period 365.00	
	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) ▼		Aggregate Year-to-Date ▼ 730.00		

C.	Full Name (Last, First, Middle Initial) Christine Rohde		Date of Receipt MM / DD / YYYY 11 / 19 / 2007		
	Mailing Address Suite 607 161 Fort Washington Avenue		Transaction ID: AD9A6F92A5996459CBDB		
	City New York	State NY	Zip Code 10032-3729	Amount of Each Receipt this Period 365.00	
	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) ▼		Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	980.00
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 78 / 100
(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)
Robert Tornambe

Mailing Address 46 E. 82cnd St.

City State Zip Code
New York NY 10028

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

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: A9FD2A07FC9BD4C7A9BE

Amount of Each Receipt this Period
250.00

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Mailing Address Suite 110
375 Rolling Oaks Drive

City State Zip Code
Thousand Oaks CA 91361-1034

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

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: A43C54418D1F548D3B44

Amount of Each Receipt this Period
250.00

Name of Employer Information Requested Occupation Information Requested
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

C. Full Name (Last, First, Middle Initial)
David A Ross

Mailing Address 11300 W. 79th St.

City State Zip Code
Burr Ridge IL 60527

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

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: AA50B729A9B0B433E9BB

Amount of Each Receipt this Period
1000.00

Name of Employer Information Requested Occupation Information Requested
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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 79 / 100
(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)
Nathan Mayl, MD

Mailing Address Suite 200
6405 N. Federal Highway

City Fort Lauderdale State FL Zip Code 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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A12D4D466D2C149D4A07

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Suite 103
2915 Coltsgate

City Charlotte State NC Zip Code 28211-3883

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 Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: A95845EF82C5841A38A8

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 701 W. Morse Blvd

City Winter Park State FL Zip Code 32789-3731

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 Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: AF0EBEB2142454157B64

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: (check only one)	PAGE 80 / 100
	<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) Ernest Normington	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address Suite 200 210 Jpm Road	Transaction ID: AD9A1880A558C4F5A9C1
	City Lewisburg State PA Zip Code 17837-9367	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) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Madhukar Chhatre, MD	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 3151 NE Carnegie Drive	Transaction ID: A191BADF7C1F14F11943
	City Lees Summit State MO Zip Code 64064-3215	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) William M Kuzon, Jr.	Date of Receipt MM / DD / YYYY 12 / 02 / 2007
	Mailing Address 2130 Taubman Center 1500 E. Medical Center Drive	Transaction ID: ACF68548956C7430F848
	City Ann Arbor State MI Zip Code 48109-5000	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Michigan Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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: PAGE 81 / 100
(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)
Dr. Dan Shell, III

Mailing Address 6209 Poplar Ave Suite 200

City Memphis State TN Zip Code 38119-4712

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 12 / 03 / 2007

Transaction ID: A3DEFCF0557DF48E8847

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 591 West Main

City Lewisville State TX Zip Code 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 12 / 04 / 2007

Transaction ID: A7295FBEBBAA24817B39

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Gwendolyn Maxwell

Mailing Address 2490 East River Rd

City Tucson State AZ Zip Code 85718-6522

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

Name of Employer Maxwell Aesthetics Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 04 / 2007

Transaction ID: AE543E46F261447E0AF6

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 82 / 100
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Atul Amin, MD		Date of Receipt
	Mailing Address 3735 Easton Nazareth Hwy Suite 302		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Easton	PA	18045-8347
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: A43771E76B9CD461BBCA
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Christopher Morea, MD		Date of Receipt
	Mailing Address 7700 Lead Mine Rd		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Raleigh	NC	27615-4828
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Physician	Transaction ID: A500724D2F62B40719AC
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Mary Ann Piskun		Date of Receipt
	Mailing Address 1810 Coulter		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Amarillo	TX	79106-1777
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Physician	Transaction ID: A7867E3C103A240819E2
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"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
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 83 / 100
(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)
Mark A Pinsky

Mailing Address 927 45th Street, Suite 201

City State Zip Code
West Palm Beach FL 33407-2450

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

Name of Employer Information Requested Occupation
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: A2A0B4425E0DF43A3A43

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Rudolf F Buntic

Mailing Address Suite 140
45 Castro Street

City State Zip Code
San Francisco CA 94114-1029

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

Name of Employer Information Requested Occupation
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: A1DFCBEFC6255490985F

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Mario Loomis, MD

Mailing Address 225 Dolson Ave , Suite 302

City State Zip Code
Middletown NY 10940-6573

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

Name of Employer Self Occupation
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 Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: AA3C64F81C44F4DFA980

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1030.00**

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 84 / 100
(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)
James H French, Jr.

Mailing Address Suite 490
3299 Woodburn Road

City Annandale State VA Zip Code 22003-7334

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 MM / DD / YYYY
12 / 13 / 2007

Transaction ID: A4345C5C855CC4FF8A81

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Susan D Vasko

Mailing Address 4971 Arlington Centre Blvd

City Upper Arlington State OH Zip Code 43220-2910

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

Name of Employer Columbus Aesthetic & Plastic Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 13 / 2007

Transaction ID: A9066A01126AD4109AB3

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Donald Morris, MD

Mailing Address Suite 210
235 Cypress Street

City Brookline State MA Zip Code 02445-6777

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

Name of Employer Longwood Plastic Surgery, P.C. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
12 / 17 / 2007

Transaction ID: A601E68816E974B54BBF

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 100

(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)

Laurence Kirwan, MD

Mailing Address 605 West Ave

City State Zip Code
Norwalk CT 06850-4000

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 2 / 1 8 / 2 0 0 7

Transaction ID: A6B4B5E53841840AD8B7

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

David Creech

Mailing Address 13841 S. Anyon Dr

City State Zip Code
Phoenix AZ 85048

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

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

Transaction ID: A4E174FD38B1B4523A73

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Lorne K Rosenfield

Mailing Address Suite 405
1750 El Camino Real

City State Zip Code
Burlingame CA 94010-3217

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 ▼ 365.00

Date of Receipt

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

Transaction ID: A54023C2FDAD84936A7A

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 86 / 100
	(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)
Kenrick Spence, MD

Mailing Address 130 Hillcrest St

City State Zip Code
Orlando FL 32801-1210

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 Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: AC16B16D389F5454495E

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Leonard T Yu

Mailing Address Suite 250
33 Lono Avenue

City State Zip Code
Kahului HI 96732-1634

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

Transaction ID: A8855379B46B541AEB7A

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Peter Marzek, MD

Mailing Address Suite A-2
1879 Nightingale Lane

City State Zip Code
Tavares FL 32778-4363

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 Y
1 2 / 2 7 / 2 0 0 7

Transaction ID: A4906F802ACA343BD89B

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 87 / 100
	<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) Eric Bachelor, MD		Date of Receipt MM / DD / YYYY 12 / 27 / 2007		
	Mailing Address 1387 Santa Rita Rd		Transaction ID: A97E713A078F849E385A		
	City Pleasanton	State CA	Zip Code 94566-5643	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Louis Bucky, MD		Date of Receipt MM / DD / YYYY 12 / 27 / 2007		
	Mailing Address The Farm Journal Building, Suite 1 230 West Washington Squarre		Transaction ID: ACA17D9DAA88F46DBAAF		
	City Philadelphia	State PA	Zip Code 19106	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Marcel M Malek		Date of Receipt MM / DD / YYYY 12 / 27 / 2007		
	Mailing Address Suite 101 8438 E. Shea		Transaction ID: A10B903955983415E8B2		
	City Scottsdale	State AZ	Zip Code 85260-6669	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) ▼		Aggregate Year-to-Date ▼ 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: PAGE 88 / 100

(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)
Glenn Jelks

Mailing Address 260 Manor Road

City State Zip Code
Ridgewood NJ 07450

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

Name of Employer Occupation
JelksMedical Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: A7BF67F29601D4862869

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Patrick Hodges, MD

Mailing Address 8220 Walnut Hill Ln , Suite 206

City State Zip Code
Dallas TX 75231-4406

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: AD177246E8D5140EBADA

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Lisa Sowder, MD

Mailing Address Suite 1650
901 Boren Avenue

City State Zip Code
Seattle WA 98104-3508

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: AAFF036C1376F4EC5824

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 89 / 100

(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)
Elsa M Raskin

Mailing Address Suite 102
2 1/2 Dearfield Drive

City State Zip Code
Greenwich CT 06831-5335

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 Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: AE113F1C228FD4052A08

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Scott Greenberg, MD

Mailing Address 1925 Mizell Ave.
Suite 303

City State Zip Code
Winter Park FL 32792-4155

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 Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: A9D64F7E5247A4C4CB5D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

116879.00

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)

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

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

<p>A. Full Name (Last, First, Middle Initial) Maloney For Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Carolyn B. Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2B15B771ACAF481AB5D</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type <input type="text"/></p>
<p>B. Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152-1048</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD86025CF528C49FEBB2</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type <input type="text"/></p>
<p>C. Full Name (Last, First, Middle Initial) Bluegrass Committee</p> <p>Mailing Address 400 North Capitol Street Nw #585</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Sen. Mitch McConnell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B205E475FD72D4669806</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type <input type="text"/></p>

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) Hoyer For Congress Mailing Address 7905 Malcolm Road Suite 102 City Clinton State MD Zip Code 20735 Purpose of Disbursement Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA2146205CA824A8E849 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
	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) Sanford D. Bishop Jr. for Congress Mailing Address P.O. Box 909 City Columbus State GA Zip Code 31902-0909 Purpose of Disbursement Candidate Name Rep. Sanford D. Bishop, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEE92B565B1D24C84B91 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Thompson For Congress Mailing Address 5429 Madison Avenue City Sacramento State CA Zip Code 95841 Purpose of Disbursement Candidate Name Rep. Mike Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B22EF0627B70C45B799E Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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)

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

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

A. Full Name (Last, First, Middle Initial) Friends for Baron Hill <hr/> Mailing Address P.O. Box 1071 <hr/> City Seymour State IN Zip Code 47274-1071 <hr/> Purpose of Disbursement <hr/> Candidate Name Baron P. Hill <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF5FDA5C0337A4F109F2 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Gordon Smith <hr/> Mailing Address 900 19th St. NW 8th Floor <hr/> City Washington State DC Zip Code 20006-2105 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Gordon H. Smith <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5FB950F22F764DE0882 Date of Disbursement 08 / 06 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Giffords for Congress <hr/> Mailing Address P.O. Box 12886 <hr/> City Tucson State AZ Zip Code 85732-2886 <hr/> Purpose of Disbursement <hr/> Candidate Name Gabrielle Giffords <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3E28BAA0C02845CE826 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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)

<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 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"/>	Transaction ID: B98FD3A3A1A174BD58FC Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text"/> 2500.00
Candidate Name Sen. Mary L. Landrieu Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Enzi For US Senate <hr/> Mailing Address Po Box 2775 <hr/> City Cody State WY Zip Code 82414-2775 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: B98C564EB31004C1CB1C Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text"/> 2500.00
Candidate Name Sen. Mike B. Enzi Category/Type <input type="text"/>	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Tiberi For Congress <hr/> Mailing Address 2021 E Dublin Granville Road Suite 2000 <hr/> City Columbus State OH Zip Code 43229 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: BF3B9251FA9964D6D947 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period <input type="text"/> 2000.00
Candidate Name Rep. Patrick J. Tiberi Category/Type <input type="text"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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)

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

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

A. Full Name (Last, First, Middle Initial) Ted Kennedy for Senate 2012 <hr/> Mailing Address 301 4th St. NE Suite 202 <hr/> City Washington State DC Zip Code 20002-5813 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Edward M. Kennedy Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	Transaction ID: BE58C03BF2978433DA02 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00
	B. Full Name (Last, First, Middle Initial) Citizens For Harkin <hr/> Mailing Address P O Box 811 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. Tom Harkin Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:
C. Full Name (Last, First, Middle Initial) Hoyer For Congress <hr/> Mailing Address 7905 Malcolm Road Suite 102 <hr/> City Clinton State MD Zip Code 20735 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. Steny H. Hoyer Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: B3B338A79947C435D876 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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) 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 Rep. Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B777C1FD7170C415A9EF Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bart Gordon for Congress <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement <hr/> Candidate Name Rep. Bart Gordon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B06B0E333705745B9827 Date of Disbursement 11 / 30 / 2007
	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) Reed Committee <hr/> Mailing Address P.O. Box 8628 <hr/> City Cranston State RI Zip Code 02920-0628 Purpose of Disbursement <hr/> Candidate Name Sen. Jack F. Reed <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4D649BD222DA4D1A9F1 Date of Disbursement 11 / 30 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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 96 / 100

<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) Price For Congress Mailing Address P.O. Box 425 City Roswell State GA Zip Code 30077-0425 Purpose of Disbursement Candidate Name Rep. Thomas E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B35D21D46201F472E98A Date of Disbursement 11 / 30 / 2007 Amount of Each Disbursement this Period 2000.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address Po Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Candidate Name Rep. Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1AE46C8CC75E4DA6962 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 2000.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus Mailing Address Po Box 586 City Helena State MT Zip Code 59624 Purpose of Disbursement Candidate Name Sen. Max S. Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF0301DE3FD01412B9B9 Date of Disbursement 08 / 06 / 2007 Amount of Each Disbursement this Period 2500.00 Category/ Type

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

**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 97 / 100

<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) Citizens For Cochran <hr/> Mailing Address Po Box 7183 <hr/> City Tupelo State MS Zip Code 38802 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. Thad Cochran <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B474EC4FA227344B08C3 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00

B. Full Name (Last, First, Middle Initial) Anna Eshoo For Congress <hr/> Mailing Address 555 Capitol Mall Suite 1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Anna G. Eshoo <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDECFE5BD872240B0AE8 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 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 <hr/> Candidate Name Sen. Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70DABE17625044D3A63 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	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)

PAGE 98 / 100

<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) 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 Sen. Susan M. Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B05C9A1E8CCA1460888F Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bart Gordon for Congress <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Bart Gordon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B32DBAA6FBF51448EBCE Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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 Rep. Benjamin L. Cardin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0E38CA590A8346F1B69 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 100

<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) John Sullivan for Congress Inc.	Transaction ID: B925D5C19C5324005A6A
	Mailing Address Post Office Box 470840	Date of Disbursement 08 / 06 / 2007
	City Tulsa State OK Zip Code 74147-0840	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Rep. John Sullivan	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: B8ECBE87EA88E4C62B41
	Mailing Address Po Box 3176	Date of Disbursement 11 / 30 / 2007
	City Long Branch State NJ Zip Code 07740-3176	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name Rep. Frank Pallone, Jr.	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pete Stark Re-election Committee	Transaction ID: B8F277C0C23034005BD9
	Mailing Address P.O. Box 8331	Date of Disbursement 11 / 30 / 2007
	City Fremont State CA Zip Code 94537-8331	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name Rep. Pete Stark	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 100

<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) Citizens for Arlen Specter		Transaction ID: B57D7F8A2BE464AF9820	
	Mailing Address 203 Maryland Ave. NE		Date of Disbursement 12 / 19 / 2007	
City Washington		State DC	Zip Code 20002-5703	
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00		
Candidate Name Sen. Arlen Specter		Category/ Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District:				

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

80000.00