

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="77747.08"/>	<input type="text" value="77747.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77747.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44509.16"/>	<input type="text" value="44509.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="122256.24"/>	<input type="text" value="122256.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="796.32"/>	<input type="text" value="796.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="121459.92"/>	<input type="text" value="121459.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 PLASTYPAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35243.16	35243.16
(ii) Unitemized	9266.00	9266.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	44509.16	44509.16
(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)	44509.16	44509.16
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	44509.16	44509.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	44509.16	44509.16

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	646.32	646.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	646.32	646.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	150.00	150.00
(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)).....	150.00	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	796.32	796.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	796.32	796.32

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	44509.16	44509.16
34. Total Contribution Refunds (from Line 28(d))	150.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44359.16	44359.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	646.32	646.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	646.32	646.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Arturo Aguillon-Bouche MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 69 Hall Rd
 City Sturbridge State MA Zip Code 01566-1519
 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 Y
 02 / 27 / 2014
Transaction ID : 8E77CC656B294FE9A3E1
 Amount of Each Receipt this Period
300.00

B. Amy Arnold MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200 N Federal Hwy Ste 7
 City Fort Lauderdale State FL Zip Code 33308-3253
 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 Y
 02 / 26 / 2014
Transaction ID : 0811C111C6394A64AC42
 Amount of Each Receipt this Period
300.00

C. Adam Basner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1304 Bellona Ave
 City Lutherville Timoni State MD Zip Code 21093-5425
 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
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : F2E4CFEE289E4060AADB
 Amount of Each Receipt this Period
400.00

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 7 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John W. Bass MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2398 E Camelback Rd
 Ste 980
 City Phoenix State AZ Zip Code 85016-9019
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2014
Transaction ID : 562D88D64934402384D9
 Amount of Each Receipt this Period 500.00

B. Glenn A. Becker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 E 60th St
 Apt 2E
 City New York State NY Zip Code 10022-1164
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 20 / 2014
Transaction ID : 61DF34EB-497F-41F5-
 Amount of Each Receipt this Period 250.00

C. R. Laurence Berkowitz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3803 S Bascom Ave
 Ste 100
 City Campbell State CA Zip Code 95008-7317
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 27 / 2014
Transaction ID : 41EE6BFD407B4373935C
 Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Matthew J. Bonanno MD, FACS

Mailing Address 215 E 77th St

City New York State NY Zip Code 10075-2059

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 M / D D D / Y Y Y Y Y Y
 01 / 19 / 2014
Transaction ID : 0F8B66C1-18BA-4F83-

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Joel E. Borkow MD

Mailing Address 315 Locust St Ste 2

City Johnstown State PA Zip Code 15901-1651

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 M / D D D / Y Y Y Y Y Y
 02 / 26 / 2014
Transaction ID : FC2C76E357EF4087B356

Amount of Each Receipt this Period
250.00

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

Mailing Address 145 Saint Peters Centre Blvd

City Saint Peters State MO Zip Code 63376-5103

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 M / D D D / Y Y Y Y Y Y
 03 / 06 / 2014
Transaction ID : DE28DA6F-F714-45F5-

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: (check only one)	PAGE 9 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jennifer B. Buck MD
Full Name (Last, First, Middle Initial)

Mailing Address 35080 US Highway 19 N

City Palm Harbor	State FL	Zip Code 34684-1925
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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 M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2014

Transaction ID : FCA054CC129B4847B424

Amount of Each Receipt this Period
500.00

B. Charles E. Butler MD
Full Name (Last, First, Middle Initial)

Mailing Address 1515 Holcombe Blvd
M D Anderson Cancer Center, Unit 1

City Houston	State TX	Zip Code 77030-4000
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of Texas	Occupation Associate Professor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : 01032D5F-7806-4BA3-

Amount of Each Receipt this Period
1000.00

C. Guy Cappuccino MD
Full Name (Last, First, Middle Initial)

Mailing Address 1304 S Main St

City Mount Airy	State MD	Zip Code 21771-5329
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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 M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2014

Transaction ID : E90CA64E47D84F64BB40

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 10 OF 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Holly Casey Wall MD
Full Name (Last, First, Middle Initial)
Mailing Address 8600 Fern Ave
City Shreveport State LA Zip Code 71105-5639
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**
Transaction ID : 512AEE60-084A-4D48-
Amount of Each Receipt this Period **500.00**

B. Paul E. Chasan MD
Full Name (Last, First, Middle Initial)
Mailing Address 1431 Camino Del Mar
City Del Mar State CA Zip Code 92014-2572
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 **02 / 27 / 2014**
Transaction ID : 84691E94A0AE40E8AB77
Amount of Each Receipt this Period **250.00**

C. Kevin C. Chung MD
Full Name (Last, First, Middle Initial)
Mailing Address 1500 E Medical Center Dr
2130 Taubman Center Space 5340
City Ann Arbor State MI Zip Code 48109-5000
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Professor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2014**
Transaction ID : 4FAD64CA-B73A-4377-
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 701 W Morse Blvd

City Winter Park State FL Zip Code 32789-3749

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 M / D D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : 763EEECC20EE4CCE9C66

Amount of Each Receipt this Period
 300.00

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

Mailing Address 10210 N 92nd St Ste 200

City Scottsdale State AZ Zip Code 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : 6B6D3CE4-2576-4441-

Amount of Each Receipt this Period
 300.00

C. Michael D. Costelloe
Full Name (Last, First, Middle Initial)

Mailing Address 444 E Algonquin Rd

City Arlington Heights State IL Zip Code 60005-4654

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

Name of Employer American Society of Plastic Surgeons Occupation Executive Vice Presi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2014

Transaction ID : F39196EE-8A42-457F-

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 12 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Karen Craven		Date of Receipt 03 / 28 / 2014 Transaction ID : B7D1D55F-8053-4A0D-
Mailing Address 444 E Algonquin Rd		Amount of Each Receipt this Period 250.00
City Arlington Heights	State IL	Zip Code 60005-4654
FEC ID number of contributing federal political committee. C	Name of Employer American Society of Plastic Surgeons	
Occupation Vice President of Co		Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard A. D'Amico MD		Date of Receipt 03 / 28 / 2014 Transaction ID : C5E089DD-EE5A-43E2-
Mailing Address 180 N Dean St Ste 3		Amount of Each Receipt this Period 500.00
City Englewood	State NJ	Zip Code 07631-2534
FEC ID number of contributing federal political committee. C	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) ▼		

Full Name (Last, First, Middle Initial) C. Lynn A. Damitz MD		Date of Receipt 03 / 20 / 2014 Transaction ID : 47AAB101A87E80BD9D8D
Mailing Address 4917 Mill Hill Ln		Amount of Each Receipt this Period 91.50
City Chapel Hill	State NC	Zip Code 27517-7447
FEC ID number of contributing federal political committee. C	Name of Employer UNC Div of Plastic & Recon Surgery	
Occupation Physician		Aggregate Year-to-Date ▼ 274.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	841.50
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 OF 29
	(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 PLASTYPAC

A. Lynn D. Derby MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 E Rowan Ave
 Ste 206
 City Spokane State WA Zip Code 99207-1240
 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 Y
02 / 20 / 2014
Transaction ID : 0B2889D2405B4B0C835E
 Amount of Each Receipt this Period
500.00

B. John Wm. Derr MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4001 Kresge Way
 Ste 320
 City Louisville State KY Zip Code 40207-4640
 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 Y
03 / 05 / 2014
Transaction ID : 5BEF2F5C-FAF8-4CE6-
 Amount of Each Receipt this Period
250.00

C. E. Ronald Finger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5356 Reynolds St
 Ste 505
 City Savannah State GA Zip Code 31405-6017
 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 Y
02 / 20 / 2014
Transaction ID : A646DC5A-0321-4CC6-
 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 14 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Jeffery S. Flagg MD, DDS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 416
 City Flossmoor State IL Zip Code 60422-0416
 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 M / D D D / Y Y Y Y Y Y
03 / 28 / 2014
Transaction ID : 10F10E2A-40D4-4A91-
 Amount of Each Receipt this Period
500.00

B. Lloyd B. B. Gayle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4th Floor
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center For Specialty Care Occupation Associate Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : F5491B7E2F4A48EBB6E7
 Amount of Each Receipt this Period
500.00

C. Gregory Greco DO
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8004
 264 Broad Street
 City Red Bank State NJ Zip Code 07701-8004
 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
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014
Transaction ID : 1F0AEFB0-59ED-4132-
 Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PLASTYPAC

A. John A. Grossman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Hale Pkwy
 Ste 100
 City Denver State CO Zip Code 80220-4000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 03 / 2014
Transaction ID : 4DBD9326E736557A08CF
 Amount of Each Receipt this Period 250.00

B. Arturo K. Guiloff MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 Pga Blvd
 Ste 100
 City Palm Beach Gardens State FL Zip Code 33410-2910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Estetica Institute Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 20 / 2014
Transaction ID : 0B1E5B04-7616-4887-
 Amount of Each Receipt this Period 250.00

C. Michelle Y. Hardaway MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27920 Orchard Lake Rd
 City Farmington Hills State MI Zip Code 48334-3733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 01 / 13 / 2014
Transaction ID : 9ABB3357C17F4B56B6FF
 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 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patrick L. Hodges MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8220 Walnut Hill Ln
 Ste 206
 City Dallas State TX Zip Code 75231-4406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 27 / 2014**
Transaction ID : 297D952C820A41D498ED
 Amount of Each Receipt this Period **500.00**

B. Eugene C. Hsiao MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 E County Line Rd
 Ste 320
 City Indianapolis State IN Zip Code 46227-0990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 20 / 2014**
Transaction ID : D0D34DCD-FC47-43FC-
 Amount of Each Receipt this Period **250.00**

C. William H. Huffaker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 134 Pinehurst Estates Dr
 City Saint Louis State MO Zip Code 63141-8041
 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 **03 / 30 / 2014**
Transaction ID : 4AA0B3506EA6829D81B3
 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 17 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jeffrey E. Janis MD		Date of Receipt MM / DD / YYYY 03 / 29 / 2014 Transaction ID : 4096CCFF-F1E5-4DD8-
Mailing Address 915 Olentangy River Rd Ste 2100		Amount of Each Receipt this Period 1000.00
City Columbus	State OH Zip Code 43212-3154	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lynn L.C. Jeffers MD		Date of Receipt MM / DD / YYYY 01 / 17 / 2014 Transaction ID : F98F3271-3081-4A64-
Mailing Address 1700 N Rose Ave Ste 135		Amount of Each Receipt this Period 1000.00
City Oxnard	State CA Zip Code 93030-7301	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Debra J. Johnson MD		Date of Receipt MM / DD / YYYY 03 / 03 / 2014 Transaction ID : 497196AECEBB3DD15A69
Mailing Address 3500 Cutter Way		Amount of Each Receipt this Period 100.00
City Sacramento	State CA Zip Code 95818-4442	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer The Plastic Surgery Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
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 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William M. Kuzon MD, Ph.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4665 Fox Sedge Ct
 City Dexter State MI Zip Code 48130-9373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Michigan - Plastic Surge
 Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2014
Transaction ID : 47D2BE93E158D0AA1D07
 Amount of Each Receipt this Period 100.00

B. Mark L. Labowe MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Ucla Medical Plz Ste 747
 City Los Angeles State CA Zip Code 90024-6990
 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 02 / 25 / 2014
Transaction ID : DE254DFE-9BE9-48F9-
 Amount of Each Receipt this Period 250.00

C. Michael Leadbetter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4850 Red Bank Rd 1 Plastic Surgery Plaza
 City Cincinnati State OH Zip Code 45227-1545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2014
Transaction ID : 5CAC731591BB4F6FBC7A
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William D. Leighton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7425 E Shea Blvd
 Ste 103
 City Scottsdale State AZ Zip Code 85260-6411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2014
Transaction ID : FB51B9CE-89FD-4204-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Eric R. Mariotti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2222 East St
 Ste 310
 City Concord State CA Zip Code 94520-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2014
Transaction ID : 79958F14268848838377
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

C. John W. Menard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 Towncenter Blvd
 Ste B
 City Tuscaloosa State AL Zip Code 35406-1822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2014
Transaction ID : 53150B33BD2A437798C0
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 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 20 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 426 South St

City Pittsfield State MA Zip Code 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 ▼
250.00

Date of Receipt
02 / 20 / 2014
Transaction ID : **FD1C70AD-035F-4153-**

Amount of Each Receipt this Period
250.00

B. Joseph M. Mlakar MD, FACS
Full Name (Last, First, Middle Initial)

Mailing Address 9933 Dupont Circle Dr W Ste 120

City Fort Wayne State IN Zip Code 46825-1629

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
02 / 18 / 2014
Transaction ID : **77A11244872A4FDF8991**

Amount of Each Receipt this Period
300.00

C. David L. Mobley MD
Full Name (Last, First, Middle Initial)

Mailing Address 2255 S Tamiami Trl

City Sarasota State FL Zip Code 34239-3806

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
01 / 13 / 2014
Transaction ID : **AC04CB31-0094-4469-**

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: (check only one)	PAGE 21 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert X. Murphy Jr., MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2597 Schoenersville Rd
 Ste 305
 City Bethlehem State PA Zip Code 18017-7331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Cosmetic and Reconstructive Specialist
 Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt: 03 / 06 / 2014
Transaction ID : 60B46EB2-34D7-4E60-
 Amount of Each Receipt this Period: **1000.00**

B. Morgan E. Norris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6906 Sewanee St
 City Houston State TX Zip Code 77025-1348
 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 **90.00**

Date of Receipt: 03 / 14 / 2014
Transaction ID : 4C54805EC2B3AE9B97A3
 Amount of Each Receipt this Period: **90.00**

C. Kenneth L. Odinet MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Beaulieu Dr
 Ste 6
 City Lafayette State LA Zip Code 70508-7230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self
 Occupation: Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: 03 / 13 / 2014
Transaction ID : B35516B7C4E843068DEE
 Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional)..... **1590.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Charles G. Polsen MD

Mailing Address 2622 Marina Bay Dr

City	State	Zip Code
League City	TX	77573-2758

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : 8B034F3852094218BCB2

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. David F. Pratt MD

Mailing Address 10413 NE 37th Cir
Bldg B

City	State	Zip Code
Kirkland	WA	98033-7924

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2014
Transaction ID : C6135D08-DFBE-408E-

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Rod J. Rohrich MD, FACS

Mailing Address 1801 Inwood Rd
Ut Southwestern Med Center Wa4.212

City	State	Zip Code
Dallas	TX	75235-7202

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

Name of Employer	Occupation
Dept. of Plastic Surgery	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : 077277D8-74A4-4228-

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ernesto J. Ruas MD

Mailing Address 603 S Boulevard

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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : F9E72D726A884609A7D9

Amount of Each Receipt this Period
250.00

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

Mailing Address 16633 Ventura Blvd Ste 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 ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : 987ACAE190124ED5B469

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Subramanya R. Shastri MD

Mailing Address 17 Limestone Dr Ste 1

City Williamsville State NY Zip Code 14221-8601

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
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : 1D8F1A6248E447F99077

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 24 OF 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 351 Rolling Oaks Dr
Ste 101

City State Zip Code
Thousand Oaks CA 91361-1278

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2014
Transaction ID : 7C76FF3B28E9473BBF0E

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Lane F. Smith MD

Mailing Address 8871 W Sahara Ave

City State Zip Code
Las Vegas NV 89117-5865

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2014
Transaction ID : 59872CDBD0964AC8BC53

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. William E. Starr MD

Mailing Address 2390C Las Posas Rd
163

City State Zip Code
Camarillo CA 93010-3403

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 ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2014
Transaction ID : EE7CF76661A34DC3A670

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gregory M. Swank MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5141 Hurricane Hill Rd
 City Granite Falls State NC Zip Code 28630-8384
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Piedmont Plastic Surgery & Dermatology Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 21 / 2014**
Transaction ID : 497D96E3C465A4472B71
 Amount of Each Receipt this Period **1000.00**

B. Anne Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Easton Oval Ste 545
 City Columbus State OH Zip Code 43219-8032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ohio State University - Plastic Surger Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 28 / 2014**
Transaction ID : D7021125-9E57-4F0B-
 Amount of Each Receipt this Period **2000.00**

C. Ivan M. Turpin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 W Stewart Dr Ste 610
 City Orange State CA Zip Code 92868-3857
 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 **02 / 20 / 2014**
Transaction ID : EAFE18215E31449DA860
 Amount of Each Receipt this Period **600.00**

SUBTOTAL of Receipts This Page (optional).....▶	3600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 29
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John J. Vaccaro MD		Date of Receipt MM / DD / YYYY 02 / 18 / 2014 Transaction ID : 9D7D4D16679941879076
Mailing Address 202 Route 37 W Ste 1		Amount of Each Receipt this Period 230.00
City Toms River	State NJ	
Zip Code 08755-8055		Aggregate Year-to-Date ▼ 230.00
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) ▼

Full Name (Last, First, Middle Initial) B. Bhupesh Vasisht MD		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : 0396214C-6EE4-47CF-
Mailing Address 1307 White Horse Rd E-501		Amount of Each Receipt this Period 250.00
City Voorhees	State NJ	
Zip Code 08043-2176		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer South Shore Plastic Surgery	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Nicholas B. Vedder MD, FACS		Date of Receipt MM / DD / YYYY 02 / 02 / 2014 Transaction ID : 4DDB15BB-5A7A-4EB5-
Mailing Address 325 9th Ave Department Surgery, Box 359796		Amount of Each Receipt this Period 1000.00
City Seattle	State WA	
Zip Code 98104-2420		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer University of Washington	Occupation Professor & Chief of	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1480.00
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 27 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Amy G. Wandel MD

Mailing Address 2200 Sunrise Blvd
Ste 250

City Gold River State CA Zip Code 95670-4378

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

Name of Employer Mercy Medical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2014

Transaction ID : **C837CFEF2C9E45C88D64**

Amount of Each Receipt this Period
1500.00

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

Mailing Address 1049 5th Ave
Ste 2D

City New York State NY Zip Code 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
MM / DD / YYYY
03 / 28 / 2014

Transaction ID : **F698AECF-7CD7-42D3-**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
c. Robert M. Whitfield MD, FACS

Mailing Address 1510 W 34th St
Ste 100

City Austin State TX Zip Code 78703-1432

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

Name of Employer Self Occupation Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
MM / DD / YYYY
02 / 18 / 2014

Transaction ID : **405283A559DE2FFE9F7E**

Amount of Each Receipt this Period
166.66

SUBTOTAL of Receipts This Page (optional).....▶	1916.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 303 Williams Ave SW
Ste 1421

City Huntsville State AL Zip Code 35801-6008

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 20 / 2014
Transaction ID : B6A979001B7D44DD9620

Amount of Each Receipt this Period
500.00

B. Luis A. Zapiach MD
Full Name (Last, First, Middle Initial)

Mailing Address 1 W Ridgewood Ave
Ste 302

City Paramus State NJ Zip Code 07652-2361

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
02 / 20 / 2014
Transaction ID : 29EC0307-BBF7-4E03-

Amount of Each Receipt this Period
365.00

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

Mailing Address 1 Castle Hill Ave
Usa

City Newport State RI Zip Code 02840-3721

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 25 / 2014
Transaction ID : 485EBF1B050841642DC7

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
TOTAL This Period (last page this line number only).....▶	35243.16

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

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

Full Name (Last, First, Middle Initial)

A. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 53794398C6544A5A46E

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 149E2C47871EB85DB4C

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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