

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
American Society of Plastic Surgeons Plastypac

ADDRESS (number and street) 444 E Algonquin Rd  
Arlington Heights IL 60005

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00249342 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 06 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Richard J. Greco MD

Signature of Treasurer Richard J. Greco MD [Electronically Filed] Date 07 / 15 / 2016

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

**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="2016"/>		131950.91
(b) Cash on Hand at Beginning of Reporting Period.....	211429.35	
(c) Total Receipts (from Line 19) .....	9398.66	123858.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	220828.01	255809.53
7. Total Disbursements (from Line 31).....	39564.43	74545.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	181263.58	181263.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	8723.66	105664.98
(ii) Unitemized .....	675.00	18193.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9398.66	123858.62
(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) .....	9398.66	123858.62
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))..... ▶	9398.66	123858.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9398.66	123858.62

**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 .....	364.43	4512.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	364.43	4512.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	39200.00	67700.00
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 .....	0.00	2333.32
(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	2333.32
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)) ..	39564.43	74545.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39564.43	74545.95

**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) .....	9398.66	123858.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2333.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9398.66	121525.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	364.43	4512.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	364.43	4512.63

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<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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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. James H. Blackburn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4600 Anderson Way  
 City Bellingham State WA Zip Code 98226-7938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 01 / 2016**  
**Transaction ID : A8C1889478C004A1EBA8**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Lynn A. Damitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4917 Mill Hill Ln  
 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **583.31**

Date of Receipt **06 / 01 / 2016**  
**Transaction ID : AAB8CFC42608A429B848**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**C. Donald M. Ditmars MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 455 Lincoln Rd  
 455 Lincoln Road  
 City Grosse Pointe State MI Zip Code 48230-1608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 01 / 2016**  
**Transaction ID : A01D2B018893F4C758FB**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1333.33</b>
<b>TOTAL</b> 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 20
	<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. Arturo K. Guiloff MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 Celestial Way  
 Apt 5-3  
 City Juno Beach State FL Zip Code 33408-2366  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Estetica Institute Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : A788BEA88380448DBA14**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Leonard A. Roudner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 S Hibiscus Dr  
 City Miami Beach State FL Zip Code 33139-5128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 350.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : A29EA893B4DCF4FAE85E**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Anna I. Wooten MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 141 Guckert Ln  
 141 Guckert Lane  
 City Wexford State PA Zip Code 15090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 350.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : A7C147B7A53184361BB3**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**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: (check only one)	PAGE 8 OF 20
	<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. Theodore A. Calianos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 151 Whitmar Rd  
 City State Zip Code  
 Cotuit MA 02635-2931  
 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 ▼  
 241.66

Date of Receipt  
 06 / 02 / 2016  
**Transaction ID : A516C1D4CF508452AA5A**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Mr. Scot Bradley Glasberg MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Park Ave  
 Apt 19AB  
 City State Zip Code  
 New York NY 10075-0231  
 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 ▼  
 540.00

Date of Receipt  
 06 / 02 / 2016  
**Transaction ID : A1848541CA2D74D5F8EA**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

**C. Debra J. Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 The Plastic Surgery Center Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1002.00

Date of Receipt  
 06 / 02 / 2016  
**Transaction ID : AA03EEBF0DA494842936**  
 Amount of Each Receipt this Period  
 167.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.00
<b>TOTAL</b> 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 20
	<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. Paul J. LoVerme MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Brook Ridge Ct  
 City Cedar Grove State NJ Zip Code 07009-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 02 / 2016**  
**Transaction ID : A2E59261482C54FB484E**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**B. Kevin Tehrani MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 E 35th St  
 City New York State NY Zip Code 10016-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 02 / 2016**  
**Transaction ID : AF7DB30CC3605454398D**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Peter Hyans MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Dellwood Pkwy S  
 10 Dellwood Parkway S  
 City Madison State NJ Zip Code 07940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 07 / 2016**  
**Transaction ID : A8ED081E6783F43FE98E**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1050.00</b>
<b>TOTAL</b> 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 10 OF 20
	<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. Dr. Louis G. Mes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Bendel Rd # 203  
 City Lafayette State LA Zip Code 70503-2903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2016  
**Transaction ID : A2690920FFCA74BBAD6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kathleen A. Waldorf MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6220 NW Skyline Blvd  
 City Portland State OR Zip Code 97229-1325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2016  
**Transaction ID : AB234E8C4889D4C3E935**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. John A. Giroto MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1756 Cielo Drive NE 1756 Cielo Dr  
 City Grand Rapids State MI Zip Code 49525-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : A2D47E63B81FA4B5291E**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 20
	<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. Lynn A. Damitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4917 Mill Hill Ln  
 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  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **666.64**

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : A32D56517284346FA830**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item

**B. Thomas G.S. Fiala MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 854 Lake Marion Dr  
 City Altamonte Springs State FL Zip Code 32701-7973  
 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 **350.00**

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : A9909E9E4EE504ACD949**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

**C. Beth A. Preminger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 E 70th St  
 180 East End Avenue #20E  
 City New York State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **06 / 16 / 2016**  
**Transaction ID : A24D81F870BB5444F925**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **533.33**  
**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 12 OF 20
	<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. Mr. Gary A. Smotrich MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Grace Hill Ct  
 4 Grace Hill Court  
 City Titusville State NJ Zip Code 08560  
 Name of Employer Lawrenceville Plastic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 06 / 16 / 2016  
**Transaction ID : AEB807B40FDEB4D10B02**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Dr. Tripti Burt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13020 Silverleaf Ct  
 City Plainfield State IL Zip Code 60585-2490  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 17 / 2016  
**Transaction ID : A3390F27426024684B2E**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. David T. Greenspun MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Oakwood Ln  
 7 Oakwood Lane  
 City Greenwich State NY Zip Code 06830  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 23 / 2016  
**Transaction ID : ABDE5578D5FD349369C0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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	<input type="checkbox"/> 17

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

**A. Karl B. Hiatt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3418 E Encanto St

City Mesa	State AZ	Zip Code 85213-6216
--------------	-------------	------------------------

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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : AB8D8D85F922A4B2DB01**

Amount of Each Receipt this Period  
 350.00

Memo Item

**B. Shahram Salemy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3715 47th PI NE

City Seattle	State WA	Zip Code 98105-5224
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016

**Transaction ID : A276529CA0A35489BA34**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. David A. Dreyfuss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2637 1st Private Rd

City Flossmoor	State IL	Zip Code 60422-1840
-------------------	-------------	------------------------

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  
 06 / 30 / 2016

**Transaction ID : AB5FEDEEB21624A1ABBA**

Amount of Each Receipt this Period  
 500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> 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 OF 20  
(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. Patrick H. Pownell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5420 Bent Tree Dr

City Dallas	State TX	Zip Code 75248-2008
----------------	-------------	------------------------

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
06	/	30	/	2016

**Transaction ID : AADDB9B6FDD2A41ECB6**

Amount of Each Receipt this Period  
100.00

Memo Item

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8723.66

**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 S Milwaukee Ave

City Libertyville State IL Zip Code 60048-3737

Purpose of Disbursement  
CC.com Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : B37CED02C29DD4FD89AB**

Amount of Each Disbursement this Period

364.43

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

364.43

364.43

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. PERDUE FOR SENATE**

Mailing Address 3110 MAPLE DRIVE NE SUITE 400

City Atlanta State GA Zip Code 30305-2647

Purpose of Disbursement

Candidate Name

**Sen. David A. Perdue Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2016

**Transaction ID : BD289E55AE5B34E72BBE**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

**Sen. Pat J. Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2016

**Transaction ID : B2A2EA1247C6940D4818**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DOYLE FOR CONGRESS COMMITTEE**

Mailing Address 205 HAWTHORNE CT

City PITTSBURGH State PA Zip Code 15221-4400

Purpose of Disbursement

Candidate Name

**Rep. Mike F. Doyle Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : BFDFD897A4E4944B3824**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Pioneer Political Action Committee**

Mailing Address 701 8th Street, NW  
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) Other

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **BB497D4A5537F4439B4D**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stivers for Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement

Candidate Name

**Rep. Steve E. Stivers**

Office Sought:  House  Senate  President  
State: OH District: 15

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2016

Transaction ID : **BC7074208C315942A3BEE**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Boustany for Senate**

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement

Candidate Name

**Rep. Charles W. Boustany Jr.**

Office Sought:  House  Senate  President  
State: LA District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

Transaction ID : **BC6B7BCEE6FBF45AEA11**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

10200.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. People for Patty Murray**

Mailing Address PO Box 3662

City State Zip Code  
Seattle WA 98124

Purpose of Disbursement

Candidate Name

**Sen. Patty Murray**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2016

**Transaction ID : B336753ACEE6E43E3878**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202-2334

Purpose of Disbursement

Candidate Name

**Rep. Michael C. Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 28 / 2016

**Transaction ID : B1C0E9321A8374358B01**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cole for Congress**

Mailing Address PO Box 722256

City State Zip Code  
Norman OK 73070

Purpose of Disbursement

Candidate Name

**Rep. Tom J. Cole**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : B6840F9A5907A4C0F9EA**

Amount of Each Disbursement this Period

2500.00

Memo Item

**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)

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

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NAME OF COMMITTEE (In Full)

**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)

**A. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement

Candidate Name

**Sen. Tim E. Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : B7316AB41A78548FBA43**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. WELCH FOR CONGRESS**

Mailing Address PO BOX 1682

City BURLINGTON State VT Zip Code 05402

Purpose of Disbursement

Candidate Name

**Rep. Peter F. Welch**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VT District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : BA8C217A2DE29453EA52**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : B35B6436B7FF144E29D0**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement

Candidate Name  
**Sen. Ron Wyden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2016

Transaction ID : **BE97E9DF6D7704EBFB90**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dena**

Mailing Address 3956 Town Center Blvd., Suite 457

City Orlando State FL Zip Code 32837-6103

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **BC41E67CEC7154526BF9**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. KINZINGER FOR CONGRESS**

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350-6965

Purpose of Disbursement

Candidate Name  
**Rep. Adam D. Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2016

Transaction ID : **BF10FF9BDDF434A308F3**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

6000.00

39200.00