

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 Check if different than previously reported. (ACC) Arlington Heights IL 60005

2. FEC IDENTIFICATION NUMBER C C00249342 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 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 09 / 20 / 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"/>		<input type="text" value="131950.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15156.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7600.33"/>	<input type="text" value="141204.28"/>
(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="159156.97"/>	<input type="text" value="273155.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14730.02"/>	<input type="text" value="128728.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144426.95"/>	<input type="text" value="144426.95"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	6590.33	120545.64
(ii) Unitemized	1010.00	20658.64
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7600.33	141204.28
(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)	7600.33	141204.28
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))..... ▶	7600.33	141204.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7600.33	141204.28

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	230.02	4742.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	230.02	4742.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	121200.00
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	452.27
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)) ..	14730.02	128728.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14730.02	128728.24

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)	7600.33	141204.28
34. Total Contribution Refunds (from Line 28(d))	0.00	2333.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7600.33	138870.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	230.02	4742.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	230.02	4742.65

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

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

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

A. Dr. M. Hugh Bailey MD, FACS
Full Name (Last, First, Middle Initial)

Mailing Address 4 Clearview

City Newport Coast State CA Zip Code 92657-1518

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 08 / 01 / 2016
Transaction ID : ACB76F3CAC6754F71AE8

Amount of Each Receipt this Period
 50.00

Memo Item

B. Theodore A. Calianos MD
Full Name (Last, First, Middle Initial)

Mailing Address 151 Whitmar Rd

City Cotuit State MA Zip Code 02635-2931

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 ▼ 341.66

Date of Receipt
 08 / 01 / 2016
Transaction ID : A6E61A6EFF55B43479BA

Amount of Each Receipt this Period
 50.00

Memo Item

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

Mailing Address 2210 Hollow Shore St
2210 Hollow Shor St

City Pearland State TX Zip Code 77584

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 01 / 2016
Transaction ID : A083045F04F73417AA03

Amount of Each Receipt this Period
 500.00

Memo Item

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 7 OF 15
	<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. Scot Bradley Glasberg MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Park Ave
 Apt 19AB
 City New York State NY Zip Code 10075-0231
 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 **720.00**

Date of Receipt **08 / 01 / 2016**
Transaction ID : ADD79AEEA1125409ABCE
 Amount of Each Receipt this Period **90.00**
 Memo Item

B. Dr. Josef G. Hadeed MD, FACS
 Full Name (Last, First, Middle Initial)
 Mailing Address 13700 Marina Pointe Dr
 Unit 604
 City Marina Del Rey State CA Zip Code 90292-9260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 01 / 2016**
Transaction ID : A393CBAA30B7A4577B6D
 Amount of Each Receipt this Period **500.00**
 Memo Item

C. Debra J. Johnson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3500 Cutter Way
 City Sacramento State CA Zip Code 95818-4442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Plastic Surgery Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1336.00**

Date of Receipt **08 / 01 / 2016**
Transaction ID : A5C33A24BA8BA4B9F8CC
 Amount of Each Receipt this Period **167.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	757.00
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 15
	<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 **400.00**

Date of Receipt **08 / 01 / 2016**
Transaction ID : A499218AFD8234AAE9B6
 Amount of Each Receipt this Period **50.00**
 Memo Item

B. Dr. Ash Patel MD, MBChB,
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Sundance Lane
 10 Sundance Lane
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 01 / 2016**
Transaction ID : A820B6189D9854A67834
 Amount of Each Receipt this Period **800.00**
 Memo Item

C. Heather J. Furnas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3981 Skyfarm Dr
 City Santa Rosa State CA Zip Code 95403-0935
 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 **08 / 08 / 2016**
Transaction ID : A5D3BE90AAD19426F8DB
 Amount of Each Receipt this Period **1000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 15
	<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. Scott E. Andochick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 Thomas Johnson Ct
 Ste A
 City Frederick State MD Zip Code 21702-4674
 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 08 / 09 / 2016
Transaction ID : A483F83A2FE42450689E
 Amount of Each Receipt this Period 350.00
 Memo Item

B. Richard A. D'Amico MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lambs Ln
 City Cresskill State NJ Zip Code 07626-2250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2016
Transaction ID : A473CDF076E3642408F5
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Harold I. Friedman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Olde Springs Rd
 City Columbia State SC Zip Code 29223-6043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of South Carolina Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 09 / 2016
Transaction ID : ABFDB6C8030AD4FB5BF2
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 15
	<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. Andrew N. Kornstein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1373 Redding Rd
 City Fairfield State CT Zip Code 06824-1956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 09 / 2016**
Transaction ID : A3FA09818868A4E9095E
 Amount of Each Receipt this Period **250.00**
 Memo Item

B. Somprasong Songcharoen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Deerfield Dr
 City Madison State MS Zip Code 39110-9749
 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 **08 / 09 / 2016**
Transaction ID : A8DA5B447BD1F4FB9B73
 Amount of Each Receipt this Period **350.00**
 Memo Item

C. James R. Cullington MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Baylor St
 City Austin State TX Zip Code 78703-4937
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 10 / 2016**
Transaction ID : A060F6544A2814C47BAA
 Amount of Each Receipt this Period **700.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 15
	<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. William M. Kuzon MD, PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4665 Fox Sedge Court
 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 **250.00**

Date of Receipt **08 / 11 / 2016**
Transaction ID : AB4FE5A80174E41B3F
 Amount of Each Receipt this Period **250.00**
 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 **833.30**

Date of Receipt **08 / 15 / 2016**
Transaction ID : A1BDB5F682B5F4D35865
 Amount of Each Receipt this Period **83.33**
 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 New York State Society of Plastic Surg
 Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 15 / 2016**
Transaction ID : A2E589D97712C4D16AAD
 Amount of Each Receipt this Period **100.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
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 15
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2361 River Ranch Rd

City Temple State TX Zip Code 76502-4260

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2016
Transaction ID : A699515A140684BF0BFF

Amount of Each Receipt this Period 250.00

Memo Item

B. 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 ▼ 400.00

Date of Receipt 08 / 18 / 2016
Transaction ID : A643AD30593AE4258884

Amount of Each Receipt this Period 100.00

Memo Item

C. Richard S. Fox MD
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Main Rd
1607 Main Road

City Westport State MA Zip Code 02790

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 23 / 2016
Transaction ID : A9F7B7AB717644535971

Amount of Each Receipt this Period 200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	6590.33

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 M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

Transaction ID : B1CE4C85AA9CB46B49C9

Amount of Each Disbursement this Period

230.02

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

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Memo Item

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

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

230.02

230.02

**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. LOEBSACK FOR CONGRESS

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement

Candidate Name
Rep. Dave W. Loeb sack

Office Sought: House Senate President
State: IA District: 02
Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : **BB51086E102B54E66A0C**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601-1151

Purpose of Disbursement

Candidate Name
Sen. Jerry Moran

Office Sought: House Senate President
State: KS District:
Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : **B1C2BF266E5EE402E9FF**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. The Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name
Sen. Richard M. Burr

Office Sought: House Senate President
State: NC District:
Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 19 / 2016

Transaction ID : **B57AE8C021EBF40BBA72**

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)..... ▶

12500.00

**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. BOOZMAN FOR ARKANSAS

Mailing Address PO BOX 671

City State Zip Code
ROGERS AR 72757

Purpose of Disbursement

Candidate Name
Sen. John N. Boozman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: AR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2016

Transaction ID : B867A38E09D4C47BB9FC

Amount of Each Disbursement this Period

2000.00

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
Disbursement For: Primary General Other (specify) ▼
State: District:

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
Disbursement For: Primary General Other (specify) ▼
State: District:

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)..... ▶

2000.00

14500.00