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 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** 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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM 11 / DD 08 / YYYY 2016 in the State of IL

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2016 through MM 10 / DD 19 / YYYY 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 Greco, Richard, J., , MD

Signature of Treasurer *Greco, Richard, J., , MD* ***[Electronically Filed]*** Date MM 10 / DD 26 / YYYY 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		131950.91
(b) Cash on Hand at Beginning of Reporting Period	106216.20	
(c) Total Receipts (from Line 19)	1376.66	154859.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107592.86	286810.01
7. Total Disbursements (from Line 31)	30068.83	209285.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77524.03	77524.03
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period: From: M M 10 / D D 01 / Y Y Y Y 2016 To: M M 10 / D D 19 / Y Y Y Y 2016

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)	1266.66	132327.46
(ii) Unitemized	110.00	22481.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1376.66	154809.10
(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) ▶	1376.66	154809.10
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	50.00
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)) ▶	1376.66	154859.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1376.66	154859.10

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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	68.83	5300.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	68.83	5300.39
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	30000.00	200200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	3333.32
(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	3333.32
29. Other Disbursements (Including Non-Federal Donations)	0.00	452.27
30. Federal Election Activity (52 U.S.C. § 30101(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))	30068.83	209285.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	30068.83	209285.98

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

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)	1376.66	154809.10
34. Total Contribution Refunds (from Line 28(d))	0.00	3333.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1376.66	151475.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	68.83	5300.39
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	68.83	5300.39

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

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

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

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 (for Individual): Self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 10 / 03 / 2016
Transaction ID : A8B014C59ACF24D01A37

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Calianos, Theodore, A., , MD

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 (for Individual): Self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 441.66

Date of Receipt: 10 / 03 / 2016
Transaction ID : A9C42D6F3E85E4ABCB85

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Debra, J., , MD

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 (for Individual): The Plastic Surgery Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1502.66

Date of Receipt: 10 / 03 / 2016
Transaction ID : A11FAA6DCF40B4DC0A85

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 183.33

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LoVerme, Paul, J., , MD, FACS

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 (for Individual): Self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 10 / D D 03 / Y Y Y Y 2016

Transaction ID : A468E1E5F034A49B49D9

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, Malcolm, Z., Dr., MD

Mailing Address 10 Claire Cmn
10 Claire Common

City: Slingerlands | State: NY | Zip Code: 12159

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albany Medical Center
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 03 / Y Y Y Y 2016

Transaction ID : A40342B980A3F47A9A5C

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sweis, Iliana Elias, , , MD

Mailing Address 401 N Wabash Ave
Unit 44A

City: Chicago | State: IL | Zip Code: 60611-3760

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Self
Occupation (for Individual): Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2016

Transaction ID : A3928CD63326944BC91B

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Damitz, Lynn, A., , MD

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 (for Individual): UNC Div of Plastic & Recon Surgery
Occupation (for Individual): Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2016

Transaction ID : AC5F3D7C46FE64180B0F

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Preminger, Beth, A., , MD

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 (for Individual): New York State Society of Plastic Surg
Occupation (for Individual): Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2016

Transaction ID : A35FBAF5F26034DF4886

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smotrich, Gary, A., Mr., MD

Mailing Address 4 Grace Hill Ct
4 Grace Hill Court

City: Titusville | State: NJ | Zip Code: 08560

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): New Jersey Society of Plastic Surgeons
Occupation (for Individual): Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2016

Transaction ID : A3BC0A58BB9D24436A24

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 283.33

TOTAL This Period (last page this line number only) ▶ 1266.66

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)
- [x] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 S Milwaukee Ave
City: Libertyville | State: IL | Zip Code: 60048-3737
Purpose of Disbursement: CC.com Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 19 / Y Y Y Y 2016
FEC Identification Number: C
Transaction ID : B93D9D28CA
Amount of Each Disbursement this Period: 68.83
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 68.83

TOTAL This Period (last page this line number only) ▶ 68.83

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City: Spokane | State: WA | Zip Code: 99210-0137

Purpose of Disbursement

Candidate Name: McMorris Rodgers, Cathy, A., Rep.,

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 05

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C C00390476
Transaction ID : BB62C068E0

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
LOU BARLETTA FOR CONGRESS

Mailing Address P.O. BOX 128

City: HAZLETON | State: PA | Zip Code: 18201

Purpose of Disbursement

Candidate Name: Barletta, Lou, J., Rep.,

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 11

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 03 / 2016

FEC Identification Number: C C00445122
Transaction ID : BF26F73AD1I

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Mike Crapo for US Senate

Mailing Address PO Box 1948

City: Boise | State: ID | Zip Code: 83701

Purpose of Disbursement

Candidate Name: Crapo, Mike, D., Sen.,

Category/Type

Office Sought: ☐ House ☒ Senate ☐ President
State: ID District:

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C C00330886
Transaction ID : B88AE2A632

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City: PTTSBURGH | State: PA | Zip Code: 15234

Purpose of Disbursement

Candidate Name: Murphy, Tim, F., Rep.,

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C C00372201
Transaction ID : B45F67BA35

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Vern Buchanan for Congress

Mailing Address PO Box 48928

City: Sarasota | State: FL | Zip Code: 34230

Purpose of Disbursement

Candidate Name: Buchanan, Vern, G., Rep.,

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 16

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 04 / 2016

FEC Identification Number: C C00412759
Transaction ID : BE6CF4D776

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City: VISALIA | State: CA | Zip Code: 93290

Purpose of Disbursement

Candidate Name: Nunes, Devin, G., Rep.,

Category/Type

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 22

Disbursement For: 2016
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 05 / 2016

FEC Identification Number: C C00370056
Transaction ID : B0BF23E4E2

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Ron DeSantis for Congress
Mailing Address: PO Box 1425
City: Ponte Vedra Beach | State: FL | Zip Code: 32004
Purpose of Disbursement:
Candidate Name: DeSantis, Ron, D., Rep.,
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 05 / 2016
FEC Identification Number: C C00511568
Transaction ID : B68966E51C7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): RAJA FOR CONGRESS
Mailing Address: PO BOX 958033
City: HOFFMAN ESTATES | State: IL | Zip Code: 60195
Purpose of Disbursement:
Candidate Name: Krishnamoorthi, S., Raja, ,
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 06 / 2016
FEC Identification Number: C C00496778
Transaction ID : B8C5669A633
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Families for James Lankford
Mailing Address: PO Box 1639
City: Bethany | State: OK | Zip Code: 73008
Purpose of Disbursement:
Candidate Name: Lankford, James, P., Sen.,
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: OK District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 17 / 2016
FEC Identification Number: C C00466482
Transaction ID : BBCCAD709
Amount of Each Disbursement this Period: 2500.00
☐ 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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): FRIENDS OF JOHN MCCAIN INC
Mailing Address: 228 S WASHINGTON STREET SUITE 115
City: ALEXANDRIA State: VA Zip Code: 22314
Purpose of Disbursement:
Candidate Name: McCain, John, , Sen., III
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: AZ District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2016
FEC Identification Number: C C00540310
Transaction ID : B63C1207EA
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): People for Patty Murray
Mailing Address: PO Box 3662
City: Seattle State: WA Zip Code: 98124
Purpose of Disbursement:
Candidate Name: Murray, Patty, , Sen.,
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: WA District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2016
FEC Identification Number: C C00257642
Transaction ID : B7302D07213
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: / /
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

TOTAL This Period (last page this line number only) ▶ 30000.00