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)

CITY ▲ Arlington Heights STATE ▲ IL ZIP CODE ▲ 60005 –

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)	☐ 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 MM / DD / YYYY in the State of

(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 02 / 01 / 2016 through 02 / 29 / 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 03 / 18 / 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.

Office Use Only							

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: 02 / 01 / 2016 To: 02 / 29 / 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	135583.31	
(c) Total Receipts (from Line 19)	38760.33	46270.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	174343.64	178221.56
7. Total Disbursements (from Line 31)	5274.82	9152.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	169068.82	169068.82
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. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period: From: M M 02 / D D 01 / Y Y Y Y 2016 To: M M 02 / D D 29 / 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)	34100.33	40350.33
(ii) Unitemized	4660.00	5920.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	38760.33	46270.65
(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) ▶	38760.33	46270.65
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)) ▶	38760.33	46270.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	38760.33	46270.65

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	1274.82	1652.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1274.82	1652.74
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	4000.00	7500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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))	5274.82	9152.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	5274.82	9152.74

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	38760.33	46270.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38760.33	46270.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1274.82	1652.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1274.82	1652.74

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

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 (Last, First, Middle Initial)
Anne Taylor MD, MPH

Mailing Address 1880 Abbotsford Green Dr

City: Powell
State: OH
Zip Code: 43065-8939

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 01 / 2016

Transaction ID : A8A36C9E49E49477EAE1

Amount of Each Receipt this Period: 2000.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Lynn A. Damitz 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: UNC Div of Plastic & Recon Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 02 / 01 / 2016

Transaction ID : ADE68BE879CFC431D84A

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

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

Mailing Address 1009 Park Ave

City: New York
State: NY
Zip Code: 10028-0936

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: 02 / 01 / 2016

Transaction ID : A0C6594F594A64A388B9

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3083.33

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons Plastypac

A. Full Name (Last, First, Middle Initial)
Gregory Greco DO

Mailing Address PO Box 8004

City: Red Bank
State: NJ
Zip Code: 07701-8004

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 02 / 02 / 2016

Transaction ID : A3D7CEA86B51440F7A49

Amount of Each Receipt this Period: 2500.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Loren S. Schechter MD

Mailing Address 1166 Sheridan Rd

City: Highland Park
State: IL
Zip Code: 60035-4119

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: 02 / 03 / 2016

Transaction ID : A875BC66EE55D4E6EA09

Amount of Each Receipt this Period: 2000.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Lynn D. Derby MD

Mailing Address 16316 N McKinnon Ln

City: Colbert
State: WA
Zip Code: 99005-9167

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 04 / 2016

Transaction ID : A625CF2E438174A9BB11

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

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

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

A. Full Name (Last, First, Middle Initial)
Deason C. Dunagan MD

Mailing Address 102 Clinton Ave W
Ste 401

City: Huntsville
State: AL
Zip Code: 35801-4942

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 04 / 2016

Transaction ID : A9ED42A5B70FE4B72B8D

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Sami M. Mamoun MD

Mailing Address PO Box 219

City: Green Village
State: NJ
Zip Code: 07935-0219

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 04 / 2016

Transaction ID : A5C02472607994753888

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
W. P. Andrew Lee MD

Mailing Address 801 Key Hwy
Unit T53

City: Baltimore
State: MD
Zip Code: 21230-4283

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 07 / 2016

Transaction ID : AED854E9F4DC64FCA8E1

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

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ITEMIZED RECEIPTS

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

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

Mailing Address 5141 Hurricane Hill Rd

City: Granite Falls | State: NC | Zip Code: 28630-8384

FEC ID number of contributing federal political committee. C

Name of Employer: Piedmont Plastic Surgery & Dermatology
Occupation: Physician

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 02 / 09 / 2016

Transaction ID : A8E36BE0023DC41C0958

Amount of Each Receipt this Period: 2000.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Debra J. Johnson 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: The Plastic Surgery Center
Occupation: Physician

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

Aggregate Year-to-Date ▼ 334.00

Date of Receipt: 02 / 09 / 2016

Transaction ID : A7D1C9EE53A434D7C845

Amount of Each Receipt this Period: 167.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Kevin C. Chung MD, MS

Mailing Address 1250 Bardstown Trl

City: Ann Arbor | State: MI | Zip Code: 48105-2815

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: 02 / 11 / 2016

Transaction ID : A53CA6D9032A2412783D

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3167.00

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

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

A.
Full Name (Last, First, Middle Initial): Ernesto J Ruas MD
Mailing Address: 603 S Boulevard
603 South Boulevard
City: Tampa State: FL Zip Code: 33606
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 11 / 2016
Transaction ID : A26AC62EE5038439AA4E
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): W. John Kitzmiller MD
Mailing Address: 3650 Grandin Rd
City: Cincinnati State: OH Zip Code: 45226-1117
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of Cincinnati Plas Recon & Hand S
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 02 / 11 / 2016
Transaction ID : A36F8504F4D4943B99AD
Amount of Each Receipt this Period: 350.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Ivan M. Turpin MD
Mailing Address: 1310 W Stewart Dr
Ste 610
City: Orange State: CA Zip Code: 92868-3857
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 11 / 2016
Transaction ID : A87CFFF60C9D74F49B20
Amount of Each Receipt this Period: 500.00
[ ] 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

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

A. Full Name (Last, First, Middle Initial): Roger J. Oldham MD
Mailing Address: 10704 Balantre Ln
City: Potomac State: MD Zip Code: 20854-1317
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: 02 / 11 / 2016
Transaction ID : A58777AA680C84244B05
Amount of Each Receipt this Period: 350.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Paul R. Weiss MD
Mailing Address: 11 Ross Rd
11 Ross Road
City: Scarsdale State: NY Zip Code: 10583
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 / 11 / 2016
Transaction ID : AF35695CCBAD044378CD
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Glenn A. Becker MD
Mailing Address: 515 E 72nd St
Apt 23F
City: New York State: NY Zip Code: 10021-4022
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 02 / 11 / 2016
Transaction ID : AAC6485F0B3CF4278B0A
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Bhupesh Vasisht MD
Mailing Address: 13 Knottingham Dr
City: Voorhees State: NJ Zip Code: 08043-3931
FEC ID number of contributing federal political committee: C
Name of Employer: South Shore Plastic Surgery
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 11 / 2016
Transaction ID : A797CAF3FB8814EE6A7E
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Wayne I Yamahata MD
Mailing Address: 11957 Rising Sun Way
City: Gold River State: CA Zip Code: 95670-8385
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: 02 / 11 / 2016
Transaction ID : ACBD1D8DF689045AF86E
Amount of Each Receipt this Period: 350.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Christopher McLendon MD
Mailing Address: 6007 Rivoli Dr
City: Macon State: GA Zip Code: 31210-1452
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 13 / 2016
Transaction ID : A87A3BB411E7F46C7BC4
Amount of Each Receipt this Period: 500.00
[ ] 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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons Plastypac

A. Full Name (Last, First, Middle Initial)
C. Bob Basu MD, MPH, F

Mailing Address 11406 Taylorcrest Rd

City: Houston
State: TX
Zip Code: 77024-5224

FEC ID number of contributing federal political committee. C

Name of Employer: Basu Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 14 / 2016

Transaction ID : ABDA4BB0B934C4B4FA1E

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Todd S. Hewell III, MD

Mailing Address 36W475 Hunters Gate Rd

City: Saint Charles
State: IL
Zip Code: 60175-5132

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 16 / 2016

Transaction ID : A8E20B4E64656423EB3A

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Richard T Bosshardt MD

Mailing Address 9524 Mid Summer Ln

City: Leesburg
State: FL
Zip Code: 34788-3698

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 16 / 2016

Transaction ID : A6A67CF4C88D14DDCBB3

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[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 (Last, First, Middle Initial): Darrick E. Antell MD
Mailing Address: 133 Parsonage Rd
City: Greenwich State: CT Zip Code: 06830-3937
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: M M 02 / D D 16 / Y Y Y Y 2016
Transaction ID : A359F30A72670413E980
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Karen M. Horton MD, FACS,
Mailing Address: 129 San Marino Dr
City: San Rafael State: CA Zip Code: 94901-1537
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 02 / D D 16 / Y Y Y Y 2016
Transaction ID : ADAFFFE2E93724C91B4E
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Keith M. Blechman MD
Mailing Address: 245 E 24th St Apt 8L
City: New York State: NY Zip Code: 10010-3826
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 02 / D D 16 / Y Y Y Y 2016
Transaction ID : AA74B740D935A4692AC6
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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 (Last, First, Middle Initial): Richard J. Greco MD
Mailing Address: 5 Longbridge Rd
City: Savannah State: GA Zip Code: 31410-1062
FEC ID number of contributing federal political committee: C
Name of Employer: The Georgia Institute For Plastic Surg
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 / 16 / 2016
Transaction ID : A59045BDBAE454068BB1
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): L. Michael Diaz MD
Mailing Address: 2344 Rue Maison
City: Biloxi State: MS Zip Code: 39532-3242
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 16 / 2016
Transaction ID : A764DD4739BD54A50AFC
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Charles N. Verheyden MD, PhD, F
Mailing Address: 2271 River Ranch Rd
City: Temple State: TX Zip Code: 76502-4203
FEC ID number of contributing federal political committee: C
Name of Employer: Scott & White Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 02 / 17 / 2016
Transaction ID : A378B32B51B5F400181D
Amount of Each Receipt this Period: 350.00
[ ] 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)
[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 (Last, First, Middle Initial)
Clifford P Clark MD

Mailing Address 770 Via Lombardy

City: Winter Park
State: FL
Zip Code: 32789-1527

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: 02 / 17 / 2016

Transaction ID : A1EEEFC0FC42D4B17BE6

Amount of Each Receipt this Period: 350.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Ryan A Stanton MD

Mailing Address 9090 Burton Way

City: Beverly Hills
State: CA
Zip Code: 90211-1661

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 17 / 2016

Transaction ID : A4D91FA0D21814838B1C

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Andrea L. Pusic MD, Mhs, F

Mailing Address 535 W 110th St
Apt 8C

City: New York
State: NY
Zip Code: 10025-2025

FEC ID number of contributing federal political committee. C

Name of Employer: Plastic & Reconstructive Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 17 / 2016

Transaction ID : A0F604EFE36AA4230AC0

Amount of Each Receipt this Period: 500.00

[ ] 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)
[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 (Last, First, Middle Initial)
Aaron M. Capuano MD

Mailing Address 700 East Palisade Avenue
517 Summit Street

City: Englewood Cliffs
State: NJ
Zip Code: 07632

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 02 / D D 17 / Y Y Y Y 2016

Transaction ID : AB30651A3CC594DD88DC

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Isidoros Moraitis MD

Mailing Address 1629 Shady Oaks Dr

City: Oldsmar
State: FL
Zip Code: 34677-2776

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 02 / D D 17 / Y Y Y Y 2016

Transaction ID : AB1B5607199854681829

Amount of Each Receipt this Period: 350.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Ellis Tavin MD

Mailing Address 5672 Ashley Sq S

City: Memphis
State: TN
Zip Code: 38120-2513

FEC ID number of contributing federal political committee. C

Name of Employer: Plastic Surgery Group of Memphis
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 02 / D D 17 / Y Y Y Y 2016

Transaction ID : A09AEA41A0E854E4E8BA

Amount of Each Receipt this Period: 250.00

[ ] 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)
[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 (Last, First, Middle Initial): Holly Casey Wall MD
Mailing Address: 753 Hazelwood Dr
City: Shreveport | State: LA | Zip Code: 71106-7213
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 02 / 17 / 2016
Transaction ID : A07AED7F8D33B4B52893
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Robert D. Rehnke MD
Mailing Address: 3011 82nd Way N
City: Saint Petersburg | State: FL | Zip Code: 33710-2219
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 02 / 17 / 2016
Transaction ID : AB9E7EB4C847B440B990
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Patrick K Sullivan MD
Mailing Address: 33 Nayatt Rd
City: Barrington | State: RI | Zip Code: 02806-3317
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 02 / 17 / 2016
Transaction ID : A7A814823BCA6471E878
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[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 (Last, First, Middle Initial)
Jeffrey E. Janis MD

Mailing Address 44 S Parkview Ave
44 S. Parkview Ave.

City: Columbus
State: OH
Zip Code: 43209

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: 02 / 17 / 2016
Transaction ID : AF6DA2FC2C3564C159BC

Amount of Each Receipt this Period: 1000.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Peter T. Hetzler MD

Mailing Address 8 Elm Ln
8 Elm Lane

City: Rumson
State: NJ
Zip Code: 07760

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 17 / 2016
Transaction ID : A8B69FCC42FBB4761BA7

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Ellen A. Janetzke MD

Mailing Address 1090 Oakwood Dr

City: Bloomfield Hills
State: MI
Zip Code: 48304-1120

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: 02 / 17 / 2016
Transaction ID : A253DAEE855A54B2C926

Amount of Each Receipt this Period: 350.00

[ ] 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)
[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 (Last, First, Middle Initial): Amy G. Wandel MD
Mailing Address: 6383 Grangers Dairy Dr
City: Sacramento State: CA Zip Code: 95831-1039
FEC ID number of contributing federal political committee: C
Name of Employer: Mercy Medical Group
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 02 / 18 / 2016
Transaction ID : A7B2CDAC15AEE40478C6
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Richard A. de Ramon MD
Mailing Address: 1955 Lambs Gap Rd
City: Mechanicsburg State: PA Zip Code: 17050-1618
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 18 / 2016
Transaction ID : A3DE2F1971B8E465FAB8
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): James R Cullington MD
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: 300.00
Date of Receipt: 02 / 24 / 2016
Transaction ID : A49C3FB977539449D9C7
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5800.00

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 (Last, First, Middle Initial): Robert K. Sigal MD
Mailing Address: 2610 Geneva Hill Ct
City: Oakton State: VA Zip Code: 22124-1534
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 24 / 2016
Transaction ID : A900ACFACD7A84C67A82
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Stacy L. Peterson MD
Mailing Address: 14112 E Pinnacle Dr
City: Wichita State: KS Zip Code: 67230-1544
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 24 / 2016
Transaction ID : AFAB9CC08E36E44D8B7A
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Byron D. Poindexter MD
Mailing Address: 20940 Turner Farm Ln
City: Leesburg State: VA Zip Code: 20175-4644
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 02 / 24 / 2016
Transaction ID : A732BC7EA0E334C2F8B9
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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 (Last, First, Middle Initial)
Charles E. Hollingsworth MD

Mailing Address 5420 Medical Parkway Dr
5420 Medical Parkway

City: Texarkana State: TX Zip Code: 75503-4314

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 24 / 2016

Transaction ID : A258192FDE50844ECBA3

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Kamran Khoobehi MD

Mailing Address 5109 Folse Dr
5109 Folse Drive

City: Metairie State: LA Zip Code: 70006

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: 02 / 24 / 2016

Transaction ID : A65C5CA013E364338B27

Amount of Each Receipt this Period: 350.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Leo D. Farrell MD

Mailing Address 1735 Adeline Dr

City: Mechanicsburg State: PA Zip Code: 17050-1682

FEC ID number of contributing federal political committee. C

Name of Employer: Farrell Plastic Surgery,P.C.
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 24 / 2016

Transaction ID : A92A608147DA04C9596D

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

TOTAL This Period (last page this line number only) ▶ 34100.33

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 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: TransFirst Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 29 / 2016
Transaction ID : B32F9BA71309C4AA19D0
Amount of Each Disbursement this Period: 9.40
[ ] Memo Item

B. 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: 02 / 29 / 2016
Transaction ID : BEE10B52B254743FD82B
Amount of Each Disbursement this Period: 1210.52
[ ] Memo Item

C. 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: JP Morgan Chase Bank Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 29 / 2016
Transaction ID : B9431F2A5906C4A768F2
Amount of Each Disbursement this Period: 54.90
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1274.82

TOTAL This Period (last page this line number only) ▶ 1274.82

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 ☐ 24 ☐ 25 ☐ 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): YOUNG FOR IOWA, INC.
Mailing Address: PO BOX 162
City: VAN METER State: IA Zip Code: 50261
Purpose of Disbursement:
Candidate Name: Rep. David E. Young
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IA District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : B853A48B5C99B4408AFA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Michael Burgess for Congress
Mailing Address: PO Box 2334
City: Denton State: TX Zip Code: 76202-2334
Purpose of Disbursement:
Candidate Name: Rep. Michael C. Burgess
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 26
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : BEAAEE71FABB048C98B9
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Dold for Congress
Mailing Address: PO Box 6312
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement:
Candidate Name: Rep. Robert J. Dold Jr.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 10
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 01 / 2016
Transaction ID : B69DF9D4A034F4311846
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 4000.00