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)	☐ 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 07 / 01 / 2016 through 07 / 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 08 / 17 / 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: 07 / 01 / 2016 To: 07 / 31 / 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	181263.58	
(c) Total Receipts (from Line 19)	9745.33	133603.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	191008.91	265554.86
7. Total Disbursements (from Line 31)	39452.27	113998.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	151556.64	151556.64
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: 07 / 01 / 2016 To: 07 / 31 / 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)	8290.33	113955.31
(ii) Unitemized	1455.00	19648.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	9745.33	133603.95
(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) ▶	9745.33	133603.95
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)) ▶	9745.33	133603.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	9745.33	133603.95

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	0.00	4512.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	4512.63
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	39000.00	106700.00
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	452.27	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))	39452.27	113998.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	39452.27	113998.22

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)	9745.33	133603.95
34. Total Contribution Refunds (from Line 28(d))	0.00	2333.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9745.33	131270.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	4512.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	4512.63

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[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)
M. Hugh Bailey 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: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : A396FA8C5B93C4EB5B55

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Theodore A. Calianos 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: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 291.66

Date of Receipt: 07 / 01 / 2016

Transaction ID : A402D88A581A24F989CE

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Daniel J. J. Freet MD

Mailing Address 3904 Brandt St
3904 Brandt Street

City: Houston
State: TX
Zip Code: 77006

FEC ID number of contributing federal political committee. C

Name of Employer: University of TX Medical School
Occupation: Physician

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : A379AEA27DFD34A64A9B

Amount of Each Receipt this Period: 1000.00

[ ] 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)
Mr. Scot Bradley Glasberg MD, FACS

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 ▼ 630.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : A2B9267C56A224658964

Amount of Each Receipt this Period: 90.00

[ ] 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 ▼ 1169.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : AFD25607714104EF6B88

Amount of Each Receipt this Period: 167.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Paul J. LoVerme 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: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : A476ABC6FBFF44AA7908

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 307.00

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

A. Full Name (Last, First, Middle Initial)
Dr. Malcolm Z. Roth 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: Albany Medical Center
Occupation: Physician

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

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 07 / 01 / 2016

Transaction ID : A6ED989C7D0AA4698A18

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Pankaj Tiwari MD

Mailing Address 7500 Ravens Nest Ct

City: Columbus
State: OH
Zip Code: 43235-1783

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: 07 / 01 / 2016

Transaction ID : AE9E0F28E68204709982

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
R. Laurence Berkowitz MD

Mailing Address 104 Bella Vista Ct

City: Los Gatos
State: CA
Zip Code: 95032-5462

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: 07 / 13 / 2016

Transaction ID : A8C43B0E9193E4B79940

Amount of Each Receipt this Period: 400.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[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): Karen M. Buckley MD
Mailing Address: 2904 Groveland Dr
City: Greenville State: NC Zip Code: 27858-7187
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: 07 / 13 / 2016
Transaction ID : A496688A814C6428A9B1
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Gary C. Burget MD
Mailing Address: 640 W Barry Ave Apt 302
City: Chicago State: IL Zip Code: 60657-6094
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: 07 / 13 / 2016
Transaction ID : A5A645DF728D845AA8F8
Amount of Each Receipt this Period: 300.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Dean R. Cerio MD
Mailing Address: 1333 Hudson St Apt 214N
City: Hoboken State: NJ Zip Code: 07030-5578
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: 07 / 13 / 2016
Transaction ID : A5E9CCA77638841F0B65
Amount of Each Receipt this Period: 2500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3050.00

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)
J. Lynne Garrison MD

Mailing Address 1800 Old Fort Rd
1800 Old Fort Rd

City: Greenville
State: NC
Zip Code: 27834

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 ▼ 450.00

Date of Receipt: 07 / 13 / 2016

Transaction ID : A6A0E9D01C1114CF59F9

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
Roger C. Mixter MD

Mailing Address 1626 N Prospect Ave
Apt 2310

City: Milwaukee
State: WI
Zip Code: 53202-2403

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: 07 / 13 / 2016

Transaction ID : A6834AB93CD3D4F7F848

Amount of Each Receipt this Period: 500.00

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
Gregory M. Fedele MD

Mailing Address 18081 Hawksmoor Way

City: Chagrin Falls
State: OH
Zip Code: 44023-1521

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 ▼ 750.00

Date of Receipt: 07 / 14 / 2016

Transaction ID : A4E9E12A0C0684C8BBF1

Amount of Each Receipt this Period: 750.00

[ ] 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): 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: 749.97
Date of Receipt: 07 / 15 / 2016
Transaction ID : A6BC0D064261044C1AD7
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Beth A. Preminger 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: Self | Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 15 / 2016
Transaction ID : A5DECC4A1926F42D6996
Amount of Each Receipt this Period: 100.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Douglas S. Wagner MD
Mailing Address: 928 Bath Country Dr
City: Akron | State: OH | Zip Code: 44333-4408
FEC ID number of contributing federal political committee: C
Name of Employer: Akron Plastic Surgeons | Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 15 / 2016
Transaction ID : AEDD0580F5F44495096C
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 683.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): A. Lawrence Cervino MD
Mailing Address: 6323 Brynwood Dr
City: Medina State: OH Zip Code: 44256-9729
FEC ID number of contributing federal political committee: C
Name of Employer: Crystal Plastic Surgeons
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 07 / 25 / 2016
Transaction ID : AB2345F1694BD40C4AB5
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Nicholas A. Tarola MD
Mailing Address: 2906 Pendarvis Ln
2906 Pendarvis Lane
City: Murfreesboro State: TN Zip Code: 37130
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: 07 / 26 / 2016
Transaction ID : A5F0FD5C2DABD4E3993F
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶ 8290.33

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)
☐ 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): Georgians for Isakson
Mailing Address: Post Office Box 250116
City: Atlanta State: GA Zip Code: 30325
Purpose of Disbursement:
Candidate Name: Sen. Johnny Isakson
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 01 / 2016
Transaction ID : BC7D2B632C7FC48C5BC2
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B.
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: 07 / 05 / 2016
Transaction ID : BC48FCF1F14674A7CBAF
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Friends of Kelly Ayotte Inc
Mailing Address: PO Box 937
City: Manchester State: NH Zip Code: 03105-0937
Purpose of Disbursement:
Candidate Name: Sen. Kelly A. Ayotte
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: NH District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 05 / 2016
Transaction ID : B6F994C2D69524C57B22
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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 ☐ 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): Friends of Roy Blunt
Mailing Address: PO Box 10178
City: Columbia State: MO Zip Code: 65205-4002
Purpose of Disbursement:
Candidate Name: Sen. Roy D. Blunt
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: MO District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 05 / 2016
Transaction ID : BE2ACCE29DED64CD78E7
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Castor for Congress
Mailing Address: 301 W Platt Street, #385
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement:
Candidate Name: Rep. Kathy A. Castor
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 14
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 06 / 2016
Transaction ID : B77551568213B4C2393D
Amount of Each Disbursement this Period: 2000.00
☐ 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: Sen. Mike D. Crapo
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: ID District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 07 / 2016
Transaction ID : B96869F24511549ECB6A
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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 ☐ 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): Poliquin for Congress
Mailing Address: PO Box 50
City: Oakland State: ME Zip Code: 04963
Purpose of Disbursement:
Candidate Name: Rep. Bruce L. Poliquin
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: ME District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 08 / 2016
Transaction ID : BAD73D4DF2B4E45F3B06
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): YODER FOR CONGRESS, INC
Mailing Address: PO BOX 26742
City: OVERLAND PARK State: KS Zip Code: 66225-6742
Purpose of Disbursement:
Candidate Name: Rep. Kevin W. Yoder
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 08 / 2016
Transaction ID : B611D01FCF4994F2D9E1
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Rely on Your Beliefs Fund
Mailing Address: 209 Pennsylvania Avenue, SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) Other
Date of Disbursement: 07 / 11 / 2016
Transaction ID : BAA2063D8F740444CB93
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

A. Full Name (Last, First, Middle Initial): PAUL TONKO FOR CONGRESS
Mailing Address: 911 CENTRAL AVENUE # 221
City: ALBANY State: NY Zip Code: 12206
Purpose of Disbursement:
Candidate Name: Rep. Paul D. Tonko
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 20
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 12 / 2016
Transaction ID : B350014950CB740A6919
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Lance for Congress
Mailing Address: PO Box 225
City: Colonia State: NJ Zip Code: 07067
Purpose of Disbursement:
Candidate Name: Rep. Leonard Lance
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 14 / 2016
Transaction ID : B49FCF3EAB7774E05900
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Engel for Congress
Mailing Address: 462 California Road
City: Bronxville State: NY Zip Code: 10708-2306
Purpose of Disbursement:
Candidate Name: Rep. Eliot L. Engel
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 16
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 15 / 2016
Transaction ID : B69B383984C2A4BC0964
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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 ☐ 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): Andy Harris for Congress
Mailing Address: PO Box 426
City: Stevensville State: MD Zip Code: 21666
Purpose of Disbursement:
Candidate Name: Rep. Andy P. Harris
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2016
Transaction ID : BD8138EACA2034385866
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Citizens for Rush
Mailing Address: PO Box 7292
City: Chicago State: IL Zip Code: 60680-7292
Purpose of Disbursement:
Candidate Name: Rep. Bobby L. Rush
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2016
Transaction ID : B837FCA144898461C9F0
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): America Works PAC
Mailing Address: PO Box 15293
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) other
Date of Disbursement: 07 / 26 / 2016
Transaction ID : BC6FC9D3FA04544B0A49
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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 ☐ 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): Healthcare Freedom Fund
Mailing Address: PO Box 2485
City: Springfield State: VA Zip Code: 22152
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ▼ Other
Date of Disbursement: M M 07 / D D 26 / Y Y Y Y 2016
Transaction ID : B80669B8C8FF6461DBB0
Amount of Each Disbursement this Period: 2500.00
☐ 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
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
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 39000.00

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)
☐ 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: CC.com Fee
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 31 / 2016
Transaction ID : B2BB3A7ED488D414AB0F
Amount of Each Disbursement this Period: 452.27
☐ 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
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
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 452.27

TOTAL This Period (last page this line number only) ▶ 452.27