



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		131950.91
(b) Cash on Hand at Beginning of Reporting Period.....	169068.82	
(c) Total Receipts (from Line 19) .....	49515.33	95785.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	218584.15	227736.89
7. Total Disbursements (from Line 31).....	6482.19	15634.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	212101.96	212101.96
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American Society of Plastic Surgeons Plastypac**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43755.33	84105.66
(ii) Unitemized .....	5760.00	11680.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	49515.33	95785.98
(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) .....	49515.33	95785.98
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))..... ▶	49515.33	95785.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49515.33	95785.98

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1732.19	3384.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1732.19	3384.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	12000.00
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 .....	250.00	250.00
(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)).....	250.00	250.00
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)) ..	6482.19	15634.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6482.19	15634.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	49515.33	95785.98
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49265.33	95535.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1732.19	3384.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1732.19	3384.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Jennifer E. Boll MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6503 E Malcomb Dr  
6503 E. Malcomb Drive

City Paradise Valley State AZ Zip Code 85253

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  
03 / 01 / 2016  
Transaction ID : **A39782C5BC9B1423DAAD**

Amount of Each Receipt this Period  
350.00

Memo Item

**B. Mark T. Boschert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Rockwood Trail Ct  
3 Rockwood Trail Court

City Saint Charles State MO Zip Code 63303

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  
03 / 01 / 2016  
Transaction ID : **A7FE4365892864182B86**

Amount of Each Receipt this Period  
350.00

Memo Item

**C. Charles E. Butler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4126 Gramercy St

City Houston State TX Zip Code 77025-1111

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

Name of Employer University of Texas Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 01 / 2016  
Transaction ID : **ADFCA5808E4C24BE89D7**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Guy Cappuccino MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2811 Sommersby Rd

City Mount Airy State MD Zip Code 21771-8049

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  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : A677FD970EBB94EED903**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B. Paul S. Cederna MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1860 Samer Rd

City Milan State MI Zip Code 48160-9575

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

Name of Employer University of Michigan Section of Plas Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : A9196F822E5534C2CA2A**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 6021 E Cortez Dr

City Scottsdale State AZ Zip Code 85254-4915

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

Name of Employer Scottsdale Center Plastic Surgery Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

**Transaction ID : A9413A6E8D23F4384B09**

Amount of Each Receipt this Period  
 250.00

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: PAGE 8 OF 34  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**American Society of Plastic Surgeons Plastypac**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **333.32**

Date of Receipt **03 / 01 / 2016**

**Transaction ID : A6CBA24DCC69A499F9AE**

Amount of Each Receipt this Period **83.33**

Memo Item

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

Mailing Address 1804 Augusta Trl  
1804 Augusta Trail

City Edwardsville State IL Zip Code 62025-3653

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 **03 / 01 / 2016**

**Transaction ID : A070541CB10F54B9887D**

Amount of Each Receipt this Period **350.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Arun K. Gosain MD**

Mailing Address No. 4104  
505 N. McClurg Ct.

City Chicago State IL Zip Code 60611-5420

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

Name of Employer Lurie Children's Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 01 / 2016**

**Transaction ID : AD46896B1E4A047C18D7**

Amount of Each Receipt this Period **1000.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1433.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Robert E. Kearney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4969 Flaxton Ter  
 City San Diego State CA Zip Code 92130-1417  
 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 **03 / 01 / 2016**  
**Transaction ID : AC2D1B93EA1774970AD0**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**B. Mark L. Labowe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13460 Inwood Dr  
 City Sherman Oaks State CA Zip Code 91423-4836  
 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 **03 / 01 / 2016**  
**Transaction ID : A56145CFC1A87473AB37**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

**C. Gordon K. Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Tennyson Ave  
 City Palo Alto State CA Zip Code 94301-3738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stanford University School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **03 / 01 / 2016**  
**Transaction ID : AFB79BA8037C946CEB59**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Joseph E. Losee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5021 Castleman St  
 City Pittsburgh State PA Zip Code 15232-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Hospital of Pittsburgh of U Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : AEB4CF90C1F0F4ABBA84**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Paul B. Mills MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 324 Chasselle Ln  
 324 Chasselle Lane  
 City Creve Coeur State MO Zip Code 63141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Renaissance Plastic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : AE2AB0301EB5843B0AEF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Michele A. Shermak MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Overhill Rd  
 City Baltimore State MD Zip Code 21210-2905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JHBMC Division of Plastic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 350.00

Date of Receipt 03 / 01 / 2016  
**Transaction ID : AE1547864A02B4638969**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Dr. Michelle J. Zweifler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 E 72nd St  
 200 East 72nd St  
 City New York State NY Zip Code 10021  
 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 03 / 01 / 2016  
**Transaction ID : AF99F1EB7BD2A44DAB16**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**B. Janet M. Blanchard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38732 Chagrin Mills Ct  
 38732 CHAGRIN MILLS COURT  
 City WILLOUGHBY State OH Zip Code 44094  
 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 03 / 04 / 2016  
**Transaction ID : AF887D2CECC904649845**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. James Boehmler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2912 Park Arbor Ct  
 City Fort Worth State TX Zip Code 76116-0927  
 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 03 / 04 / 2016  
**Transaction ID : A96214EB1D9DA4619A58**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Matthew A. Clott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Wisteria Way  
 City Basking Ridge State NJ Zip Code 07920-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : A938DF8720BFE4071B66**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**B. Matthew H. Conrad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14838 E Sundance Ct  
 City Wichita State KS Zip Code 67230-7190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : A0F4BB3F6885048DB8A9**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**C. Dr. Eric Halvorson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Ingraham Rd  
 15 Ingraham Road  
 City Wellesley State NC Zip Code 02482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brigham and Women's Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : A77898545126348B5BCE**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. R. Scott S. Haupt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5292 S College Dr  
 City Murray State UT Zip Code 84123-2958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Utah Cosmetic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2016  
**Transaction ID : ADE8CC9BDDF1847BE8D7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Kent K. Higdon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9253 Carrisbrook Ln  
 9253 Carrisbrook Lane  
 City Brentwood State TN Zip Code 37027  
 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 03 / 04 / 2016  
**Transaction ID : A7F9BA65332804B66A94**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Eugene C. Hsiao MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5220 N Delaware St  
 City Indianapolis State IN Zip Code 46220-3045  
 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 03 / 04 / 2016  
**Transaction ID : A25DF7699EE764ECD8EF**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Gilbert W. Lee MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1685 Los Altos Rd

City San Diego	State CA	Zip Code 92109-1322
-------------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
03	/	04	/	2016

**Transaction ID : A061882162901440CAB3**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Robert X. Murphy Jr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Windermere Dr

City Blue Bell	State PA	Zip Code 19422-1447
-------------------	-------------	------------------------

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

Name of Employer Cosmetic and Reconstructive Specialist	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	04	/	2016

**Transaction ID : AD9A52D18262E408CA41**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Justin M. Sacks MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Westellen Rd

City Towson	State MD	Zip Code 21286-1338
----------------	-------------	------------------------

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	/	D D	/	Y Y Y Y
03	/	04	/	2016

**Transaction ID : A6278BA7644424B8D856**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Antonio Santin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3904 16th Ave S  
 City State Zip Code  
 Great Falls MT 59405-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 04 / 2016  
**Transaction ID : A25131139BFB5466D92A**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Devinder Singh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 717 President St  
 1589 Eaton Way  
 City State Zip Code  
 Annapolis MD 21401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 03 / 04 / 2016  
**Transaction ID : A6CC99C9A931143CBB71**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Kevin Tehrani MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 E 35th St  
 City State Zip Code  
 New York NY 10016-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 03 / 04 / 2016  
**Transaction ID : AC301691EF6B346F7BAF**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Victoria L. Vastine MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2222 Brandywine Dr  
 City Charlottesville State VA Zip Code 22901-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : A42BF3D862A6A4C4EB82**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Luis A. Zapiach MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Mayflower Dr  
 City Tenafly State NJ Zip Code 07670-3129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2016  
**Transaction ID : ADF3EC6BDF6BE4D1D84F**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Amy Arnold MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2149 NE 62nd St  
 2149 N.E. 62nd Street  
 City Fort Lauderdale State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : AA4DCB71B0E3B440BAEC**  
 Amount of Each Receipt this Period  
 350.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1215.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Anureet K. Bajaj MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1412 Canterbury Pl  
 City Nichols Hills State OK Zip Code 73116-5537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : ADDE8AF79C9FE4F5D99C**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Bruce B. Baker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 799 M Way  
 799 M Way  
 City Salado State TX Zip Code 76571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : AFB1B4FFB4D2E4008B88**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Jennifer B. Buck MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1252 Greybrooke Pl  
 City Oldsmar State FL Zip Code 34677-5115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Palm Harbor Plastic Surgery Centre Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 08 / 2016  
**Transaction ID : A93C8447214C34AF3BA1**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Heather J. Furnas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3981 Skyfarm Dr  
 City Santa Rosa State CA Zip Code 95403-0935  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : A25FEF2C7D6014C41B41**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Katerina Gallus MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1356 Opal St  
 City San Diego State CA Zip Code 92109-1911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Naval Medical Center San Diego Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : AD7ADAAEFC5154576A78**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Mark S. Granick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Westmount Dr  
 City Livingston State NJ Zip Code 07039-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NJ Med Schl, Div / Plastic Surgery Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2016  
**Transaction ID : A2D9047AA127C4270936**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Debra J. Johnson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 Cutter Way  
 City Sacramento State CA Zip Code 95818-4442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Plastic Surgery Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **501.00**

Date of Receipt **03 / 08 / 2016**  
**Transaction ID : AFD6118E8E34D47529EF**  
 Amount of Each Receipt this Period **167.00**  
 Memo Item

**B. Raman Chaos Mahabir MD, Frcsc,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25006 N Ranch Gate Rd  
 25006 N Ranch Gate Rd  
 City Scottsdale State AZ Zip Code 85255  
 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 **03 / 08 / 2016**  
**Transaction ID : A2E29C59C2BF144358DB**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. Marcel M. Malek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8438 E Shea Blvd  
 Ste 101  
 City Scottsdale State AZ Zip Code 85260-6669  
 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 **03 / 08 / 2016**  
**Transaction ID : A747C1CD9ECE64C8F9F4**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2167.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lisa C. Murcko MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Farmstead Cir  
 107 Farmstead Circle  
 City Lebanon State PA Zip Code 17042  
 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 **03 / 08 / 2016**  
**Transaction ID : A7571D925CB0C4E24A25**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

**B. Ernest Normington MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 Jonathan Rd  
 City Lewisburg State PA Zip Code 17837-8072  
 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 **03 / 08 / 2016**  
**Transaction ID : A21E006D919BD4BB2829**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

**C. Mark R. Sultan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 116 Lincoln St  
 City Englewood State NJ Zip Code 07631-3117  
 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 **03 / 08 / 2016**  
**Transaction ID : A2284189D91E44440ABE**  
 Amount of Each Receipt this Period **2000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Todd M. Van Ye MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2417 Woodland Ter  
 City Neenah State WI Zip Code 54956-4824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Center for Aesthetics & Plastic Su Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : AE1DA420F5AEB44E7A78**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Paul F. Vanek MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9485 Curberry Dr  
 City Mentor State OH Zip Code 44060-7132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 08 / 2016  
**Transaction ID : A6832926BA89C4030A3F**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. David L. Abramson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 636  
 City Alpine State NJ Zip Code 07620-0636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : AC66ABAAFF62E421DAE3**  
 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)	PAGE 23 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. David W. Chang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 S Ellis Ave  
 4801 S. Ellis Ave  
 City Chicago State TX Zip Code 60637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Chicago Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : AFBF7CF53C1BA4ECCAF**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Steven P. Davison MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4115 40th PI N  
 City Arlington State VA Zip Code 22207-4807  
 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 03 / 09 / 2016  
**Transaction ID : A95CD87A6BD6240F284A**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Robert J. Havlik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7043 Fox Hollow Rdg  
 City Zionsville State IN Zip Code 46077-8398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2016  
**Transaction ID : AE6A610A557C1447B850**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Matthew Lynch MD**

Mailing Address 15 Old York Rd  
15 Old York Rd

City Chesterfield State NJ Zip Code 08515

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  
03 / 09 / 2016  
**Transaction ID : A647D171AF0BF4476B46**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Morgan E. Norris MD**

Mailing Address 6906 Sewanee St

City Houston State TX Zip Code 77025-1348

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  
03 / 09 / 2016  
**Transaction ID : AC3C1CF6D5C004A69864**

Amount of Each Receipt this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mark T. Villa MD**

Mailing Address 11634 Monica Street  
11634 Monica Street

City Houston State TX Zip Code 77024

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  
03 / 09 / 2016  
**Transaction ID : A31A34C438B9A4F319C1**

Amount of Each Receipt this Period  
250.00

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)	PAGE 25 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Jeffery S. Flagg MD, DDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1020 Park Dr  
 Unit 416  
 City Flossmoor State IL Zip Code 60422-2516  
 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 **03 / 10 / 2016**  
**Transaction ID : AE0FA2485D8444ACD960**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. Eric R. Mariotti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5319 Stonehurst Dr  
 5319 Stonehurst Dr  
 City Martinez State CA Zip Code 94553  
 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 **03 / 10 / 2016**  
**Transaction ID : A2C2A6FC9685D4B8C9B1**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item

**C. Steven C. Bonawitz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 S 19th St  
 800 S 19th Street  
 City Philadelphia State PA Zip Code 19146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Hopkins Outpatient Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2016**  
**Transaction ID : A46A7FC3499154C1C958**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Society of Plastic Surgeons Plastypac**

**A. Dr. Lynn L. C. Jeffers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 N Rose Ave  
 Ste 135  
 City Oxnard State CA Zip Code 93030-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : AB15354D0A7A4436D98A**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. Norman H. Rappaport MD, DDS, F**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5202 Huckleberry Ln  
 City Houston State TX Zip Code 77056-2712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 11 / 2016  
**Transaction ID : A5D1DE32CA2384A118F0**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. J. Peter Rubin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Hallsborough Dr  
 City Pittsburgh State PA Zip Code 15238-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 12 / 2016  
**Transaction ID : A9E86E04F08474F87A64**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Rajendra Sawh-Martinez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 764 Quinnipiac Ave  
 City New Haven State CT Zip Code 06513-3301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 03 / 13 / 2016  
**Transaction ID : A949F5C1E8E624EC3907**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Aggregate Year-to-Date 300.00

**B. Jack G. Bruner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3741 Random Ln  
 City Sacramento State CA Zip Code 95864-1524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fort Sutter Medical Building Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 03 / 14 / 2016  
**Transaction ID : A41A1F84C95724122BAE**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Aggregate Year-to-Date 1000.00

**C. George A. Csank MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Under Mountain Rd  
 City Lenox State MA Zip Code 01240-2009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt 03 / 14 / 2016  
**Transaction ID : ADB1C6BB0630547DB948**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 Aggregate Year-to-Date 600.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Mr. Scot Bradley Glasberg MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 Park Ave  
 Apt 19AB  
 City New York State NY Zip Code 10075-0231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **03 / 14 / 2016**  
**Transaction ID : A884F54157F31407986E**  
 Amount of Each Receipt this Period **90.00**  
 Memo Item

**B. James T. Lin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7749 El Douro Dr  
 City Sacramento State CA Zip Code 95831-5428  
 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 **03 / 14 / 2016**  
**Transaction ID : A75981B82CB944580943**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**C. John Nigriny MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Montview Dr  
 2 Montview Dr  
 City Hanover State NH Zip Code 03755  
 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 **03 / 14 / 2016**  
**Transaction ID : A0814D72FCF5D46F49DD**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1340.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daniel J. J. Freet MD**  
 Full Name (Last, First, Middle Initial)  
 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 **1000.00**

Date of Receipt **03 / 15 / 2016**  
**Transaction ID : A9B5354F7C8F24DEAA44**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

**B. J. Frederick Doepker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7600 Marx Rd  
 7600 Marx Rd  
 City Evansville State IN Zip Code 47720  
 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 **03 / 16 / 2016**  
**Transaction ID : A7E9140D57BD14265A02**  
 Amount of Each Receipt this Period **350.00**  
 Memo Item

**C. John B. Hijjawi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3630 Wolf Trap Ct  
 City Brookfield State WI Zip Code 53045-5148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical College of Wisconsin Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2016**  
**Transaction ID : A96B92D64232C4056B71**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2350.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 30 OF 34  
(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. Antonio J. Gayoso MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8045 Elbow Ln N  
 City Saint Petersburg State FL Zip Code 33710-4323  
 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 03 / 17 / 2016  
**Transaction ID : AA6AC25F8B9004F599FF**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Val S. Lambros MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 860 Rembrandt Dr  
 City Laguna Beach State CA Zip Code 92651-3417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Facial Imaging Research Project (Val L) Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2016  
**Transaction ID : A89C601CF819442F2921**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Simeon H. Wall Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 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 03 / 17 / 2016  
**Transaction ID : AA95D6C8255E74F32AFD**  
 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)	PAGE 31 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gregory R.D. Evans MD, FACS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10480 Yosemite Way  
 City Tustin State CA Zip Code 92782-1471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of California Irvine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 25 / 2016  
**Transaction ID : A9359D0E9F17944F6ADD**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Herbert J. Nassour MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5625 Eagle Point St  
 City El Paso State TX Zip Code 79912-6426  
 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 03 / 25 / 2016  
**Transaction ID : A67AD90F2AA124FADA60**  
 Amount of Each Receipt this Period 350.00  
 Memo Item

**C. Kenneth L. Odinet MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Beaulieu Dr Ste 6  
 City Lafayette State LA Zip Code 70508-7230  
 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 03 / 25 / 2016  
**Transaction ID : A0481ADAD79E245D49FB**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1850.00
<b>TOTAL</b> This Period (last page this line number only).....	43755.33

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City State Zip Code  
Libertyville IL 60048-3737

Purpose of Disbursement  
TransFirst Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : **BFF664CD55624468D847**

Amount of Each Disbursement this Period

8.19
------

Memo Item

Full Name (Last, First, Middle Initial)

**B. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City State Zip Code  
Libertyville IL 60048-3737

Purpose of Disbursement  
JP Morgan Chase Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : **BB1B4DA9AE48441BEAEF**

Amount of Each Disbursement this Period

54.90
-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. JP Morgan Chase**

Mailing Address 1201 S Milwaukee Ave

City State Zip Code  
Libertyville IL 60048-3737

Purpose of Disbursement  
CC.com Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : **BF58E7785AEA643748D7**

Amount of Each Disbursement this Period

1669.10
---------

Memo Item

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

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

1732.19
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1732.19
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement

Candidate Name  
**Rep. Kevin P. Brady**

Office Sought:  House  
 Senate  
 President  
State: TX District: 08

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : **BBE7712CEC68847E3842**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017-8914

Purpose of Disbursement

Candidate Name  
**Sen. Rob J. Portman**

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : **BAB55A2C4DA7444BCAEE**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

4500.00

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Ziv Mani Peled MD**

Mailing Address 4 Heron Dr  
Apt 3

City Mill Valley State CA Zip Code 94941-3263

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Transaction ID : B2F8546FA2825467B8DE

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

250.00

250.00