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) ▼

20 F Street NW

#310A

☐ Check if different than previously reported. (ACC)

Washington | DC | 20001 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00249342

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

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

Election on MM / 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 / 2013 through 12 / 31 / 2013

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 Dr. David Song MD

Signature of Treasurer *Dr. David Song MD* ***[Electronically Filed]*** Date 01 / 30 / 2014

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							

FEC FORM 3X
Rev. 12/2004

FE6AN026

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 / 2013 To: 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		37835.00
(b) Cash on Hand at Beginning of Reporting Period	22180.47	
(c) Total Receipts (from Line 19)	87330.96	186355.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109511.43	224190.92
7. Total Disbursements (from Line 31)	31764.35	146443.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	77747.08	77747.08
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 / 2013 To: 12 / 31 / 2013

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)	71515.96	151011.26
(ii) Unitemized	15815.00	35344.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	87330.96	186355.92
(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) ▶	87330.96	186355.92
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)) ▶	87330.96	186355.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	87330.96	186355.92

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	2264.35	3113.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	2264.35	3113.84
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	29500.00	142500.00
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	830.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	830.00
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))	31764.35	146443.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	31764.35	146443.84

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)	87330.96	186355.92
34. Total Contribution Refunds (from Line 28(d))	0.00	830.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87330.96	185525.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2264.35	3113.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2264.35	3113.84

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): Govind Acharya MD
Mailing Address: 5121 N Central Ave
City: Phoenix State: AZ Zip Code: 85012-1403
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: 12 / 30 / 2013
Transaction ID : 43E2A60B-3855-4DD2-
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Mirza N. Ahmad MD
Mailing Address: 4782 Munson St NW
City: Canton State: OH Zip Code: 44718-3630
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: 11 / 08 / 2013
Transaction ID : 0CACA965E47D4AE3BFF3
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Deanna Armstrong MD
Mailing Address: 6829 N 72nd St Ste 5500
City: Omaha State: NE Zip Code: 68122-1729
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: 09 / 12 / 2013
Transaction ID : BE0FFDF9-23A0-457B-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Anureet K. Bajaj MD

Mailing Address 6205 N Santa Fe Ave
Ste 105

City: Oklahoma City
State: OK
Zip Code: 73118-7534

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: 10 / 23 / 2013

Transaction ID : 077840DB-5BA4-4504-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Adam Basner MD

Mailing Address 1304 Bellona Ave

City: Lutherville Timoni
State: MD
Zip Code: 21093-5425

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 06 / 2013

Transaction ID : 6C2D4586-C346-4EB6-

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Adam Basner MD

Mailing Address 1304 Bellona Ave

City: Lutherville Timoni
State: MD
Zip Code: 21093-5425

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 27 / 2013

Transaction ID : 2EB0C066-4F40-4A14-

Amount of Each Receipt this Period: 150.00

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

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

A. Full Name (Last, First, Middle Initial)
John W. Bass MD

Mailing Address 2398 E Camelback Rd
Ste 980

City: Phoenix
State: AZ
Zip Code: 85016-9019

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 19 / 2013
Transaction ID : 06BAE32532914C0DA479

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Bruce S. Bauer MD

Mailing Address 501 Skokie Blvd
Fl 2

City: Northbrook
State: IL
Zip Code: 60062-2802

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Director, Pediatric

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

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2013
Transaction ID : ECB2D836-90E5-490D-

Amount of Each Receipt this Period: 240.00

C. Full Name (Last, First, Middle Initial)
John Bauer MD

Mailing Address 301 University Blvd
6.124 McCullough Building

City: Galveston
State: TX
Zip Code: 77555-5302

FEC ID number of contributing federal political committee. C

Name of Employer: The University of Texas Branch
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 23 / 2013
Transaction ID : 54253498-B781-4884-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 990.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Della C. Bennett MD

Mailing Address 4646 Brockton Ave
Ste 302

City: Riverside
State: CA
Zip Code: 92506-0172

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: 10 / 24 / 2013

Transaction ID : D3BC78BC-AB17-49D5-

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Beth Ann Bergman MD

Mailing Address 2901 Greenbriar Dr

City: Springfield
State: IL
Zip Code: 62704-6425

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: 11 / 21 / 2013

Transaction ID : B12D0C7EA62849D581EA

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Sean M. Bidic MD, Faap,

Mailing Address 2950 College Dr
Ste 2H

City: Vineland
State: NJ
Zip Code: 08360-6933

FEC ID number of contributing federal political committee. C

Name of Employer: American Surgical Arts, PC
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2013

Transaction ID : EE9C3D13-4737-492B-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

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ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Steven C. Bonawitz MD

Mailing Address Johns Hopkins Outpatient Center 60
Department of Plastic and Reconstr

City: Baltimore
State: MD
Zip Code: 21287-0001

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 ▼ 1100.00

Date of Receipt: 07 / 25 / 2013

Transaction ID : 2BB9C4E7-4E77-4837-

Amount of Each Receipt this Period: 1100.00

B. Full Name (Last, First, Middle Initial)
Joel E. Borkow MD

Mailing Address 315 Locust St
Ste 2

City: Johnstown
State: PA
Zip Code: 15901-1651

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: 10 / 17 / 2013

Transaction ID : 8ACB23D579AF4D7FADEC

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1879 Nightingale Ln
Ste A2

City: Tavares
State: FL
Zip Code: 32778-4363

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 / 25 / 2013

Transaction ID : 8A496E5F-6D77-46F3-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Benjamin Boudreaux MD
Mailing Address: 4000 Lonesome Rd, Ste A
City: Mandeville State: LA Zip Code: 70448-7085
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: 12 / 05 / 2013
Transaction ID : 52BCD6E1-0E7E-4BDB-
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Ian L. Bourhill MD
Mailing Address: 205 E Main St, Ste 1-6
City: Huntington State: NY Zip Code: 11743-7930
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: 10 / 17 / 2013
Transaction ID : 5DACE44B-D093-4C4D-
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Denis F. Branson MD
Mailing Address: 7000 E Genesee St, Bldg E
City: Fayetteville State: NY Zip Code: 13066-1131
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: 10 / 10 / 2013
Transaction ID : 746ACE35-2BD6-4F7D-
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Stephen D. Bresnick MD
Mailing Address: 16633 Ventura Blvd, Ste 110
City: Encino State: CA Zip Code: 91436-1834
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 / 14 / 2013
Transaction ID : 77A34512-DF78-4B5C-
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Jack G. Bruner MD
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)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 / 23 / 2013
Transaction ID : 6E4DFDF0-0230-4E58-
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Mark A. Brzezienski MD
Mailing Address: 979 E 3rd St, Ste C920
City: Chattanooga State: TN Zip Code: 37403-2136
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: 09 / 12 / 2013
Transaction ID : 646A290DE39F4415887E
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

A. Full Name (Last, First, Middle Initial)
Erwin J. Bulan MD

Mailing Address 75 Main St
Ste 105

City: Millburn
State: NJ
Zip Code: 07041-1322

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 ▼ 250.00

Date of Receipt: 08 / 29 / 2013
Transaction ID : B96FF45B57B043D98064

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1500 E Medical Center Dr
Tc2130Spc5340

City: Ann Arbor
State: MI
Zip Code: 48109-5000

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Associate Professor,

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 04 / 2013
Transaction ID : 488FD800-76CA-4DC7-

Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Paul E. Chasan MD

Mailing Address 1431 Camino Del Mar

City: Del Mar
State: CA
Zip Code: 92014-2572

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: 10 / 11 / 2013
Transaction ID : BAC811E2-AAC1-4CC9-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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)
Stefan G. Chevalier DO

Mailing Address 75 Crystal Run Rd
Ste 230

City: Middletown
State: NY
Zip Code: 10941-7012

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 / 17 / 2013
Transaction ID : 992FDEFBB272405395FC

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Zeno Chicarilli MD

Mailing Address 5 Durham Rd
Ste A1

City: Guilford
State: CT
Zip Code: 06437-2076

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: 10 / 17 / 2013
Transaction ID : 59D8B0EA-361C-4184-

Amount of Each Receipt this Period: 300.00

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

Mailing Address 6175 N Fresno St
Ste 101

City: Fresno
State: CA
Zip Code: 93710-5295

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: 11 / 13 / 2013
Transaction ID : 5398F86F6A4E4C33A0DD

Amount of Each Receipt this Period: 500.00

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)
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[ ] 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)
Francis J. Collini MD

Mailing Address 1845 Memorial Hwy

City: Shavertown
State: PA
Zip Code: 18708-1482

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 27 / 2013

Transaction ID : D71A03D9-9AF1-4FEE-

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Matthew J. Concannon MD

Mailing Address 3115 Falling Leaf Ct

City: Columbia
State: MO
Zip Code: 65201-3579

FEC ID number of contributing federal political committee. C

Name of Employer: Concannon Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 16 / 2013

Transaction ID : F378C232-5462-4EF1-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Jeffrey G. Copeland MD

Mailing Address 2 Richmond Center Ct

City: Saint Peters
State: MO
Zip Code: 63376-5973

FEC ID number of contributing federal political committee. C

Name of Employer: Copeland Cosmetic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 30 / 2013

Transaction ID : B1E163AC35954525A84E

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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 Craven
Mailing Address: 444 E Algonquin Rd
City: Arlington Heights | State: IL | Zip Code: 60005-4654
FEC ID number of contributing federal political committee: C
Name of Employer: American Society of Plastic Surgeons
Occupation: Director of Developm
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 25 / 2013
Transaction ID : 6B2AD974B0F7469DBEEF
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): James R. Cullington MD
Mailing Address: 1400 N Interstate 35 Ste 320
City: Austin | State: TX | Zip Code: 78701-1926
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: 10 / 24 / 2013
Transaction ID : 2C0C2E56-43A8-4756-
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Richard A. D'Amico MD
Mailing Address: 180 N Dean St Ste 3
City: Englewood | State: NJ | Zip Code: 07631-2534
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: 11 / 13 / 2013
Transaction ID : 26EF2158-060B-4992-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 1500.00

Date of Receipt: 07 / 02 / 2013

Transaction ID : 4799A0BAE49AFCC5A217

Amount of Each Receipt this Period: 91.50

B. Full Name (Last, First, Middle Initial)
Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City: Chapel Hill
State: NC
Zip Code: 27517-7447

FEC ID number of contributing federal political committee.: C

Name of Employer: UNC Div of Plastic & Recon Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 08 / 02 / 2013

Transaction ID : 45949444CDB0ABECFF3A

Amount of Each Receipt this Period: 91.50

C. 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 ▼ 1500.00

Date of Receipt: 09 / 02 / 2013

Transaction ID : 4AC3810A4DA715AA467B

Amount of Each Receipt this Period: 91.50

SUBTOTAL of Receipts This Page (optional) ▶ 274.50

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 ▼ 1500.00

Date of Receipt: 10 / 02 / 2013

Transaction ID : 4F49B6D39CE6B27AE136

Amount of Each Receipt this Period: 91.50

B. Full Name (Last, First, Middle Initial)
Lynn A. Damitz MD

Mailing Address 4917 Mill Hill Ln

City: Chapel Hill
State: NC
Zip Code: 27517-7447

FEC ID number of contributing federal political committee. C

Name of Employer: UNC Div of Plastic & Recon Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 02 / 2013

Transaction ID : 465EB44F795C9ADAE221

Amount of Each Receipt this Period: 91.50

C. 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 ▼ 1500.00

Date of Receipt: 12 / 20 / 2013

Transaction ID : 40CEA3A7E6F319284C39

Amount of Each Receipt this Period: 91.50

SUBTOTAL of Receipts This Page (optional) ▶ 274.50

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)
Joseph Dayan MD

Mailing Address 10 Union Sq E
Division of Plastic Surgery, Suite

City: New York
State: NY
Zip Code: 10003-3314

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 01 / 2013

Transaction ID : 9645251A-37D8-43B8-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey A. Ditesheim MD

Mailing Address 9336 Blakeney Centre Dr
Ste 130

City: Charlotte
State: NC
Zip Code: 28277-6667

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 ▼ 365.00

Date of Receipt: 08 / 27 / 2013

Transaction ID : B9654042-6F69-4CC2-

Amount of Each Receipt this Period: 365.00

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

Mailing Address 303 Williams Ave SW
Ste 1421

City: Huntsville
State: AL
Zip Code: 35801-6008

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: 08 / 14 / 2013

Transaction ID : BD355C046501431D83B8

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1115.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Michael L. Eisemann MD

Mailing Address 6550 Fannin St
Ste 2119

City: Houston
State: TX
Zip Code: 77030-2721

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 06 / 2013
Transaction ID : 963EDDFA-8302-4761-

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Roger E. Emory MD

Mailing Address 112 Abingdon Pl

City: Abingdon
State: VA
Zip Code: 24211-5197

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: 10 / 10 / 2013
Transaction ID : E8B6CC6B-AECD-4C51-

Amount of Each Receipt this Period: 300.00

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 ▼ 375.00

Date of Receipt: 09 / 16 / 2013
Transaction ID : 4DEE8FEFB4700F90D334

Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 675.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 375.00

Date of Receipt: 12 / 16 / 2013

Transaction ID : 45DB91999547799244ED

Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Robert A. Fernandez MD

Mailing Address 613 Elizabeth St
Ste 601

City: Corpus Christi
State: TX
Zip Code: 78404-2295

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: 09 / 05 / 2013

Transaction ID : 897635FC680B4F6A92B5

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Douglas L. Forman MD

Mailing Address 11210 Old Georgetown Rd
Plastic Surgery Institute of Washi

City: North Bethesda
State: MD
Zip Code: 20852-3202

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 01 / 2013

Transaction ID : 666DC033-F530-41C3-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
William C. Franckle MD

Mailing Address 2301 E Evesham Rd
Ste 107

City: Voorhees
State: NJ
Zip Code: 08043-4502

FEC ID number of contributing federal political committee. C

Name of Employer: The Pavilion Voorhees
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2013

Transaction ID : 4DE5174E-F7FC-4B16-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Onelio Garcia MD

Mailing Address 3850 Bird Rd
Ste 102

City: Miami
State: FL
Zip Code: 33146-1521

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 ▼ 500.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2013

Transaction ID : FD43F36E-ED8D-4EBC-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Carla Garrison MD

Mailing Address 1530 E Bradford Pkwy

City: Springfield
State: MO
Zip Code: 65804-6565

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 08 / D D 22 / Y Y Y Y 2013

Transaction ID : 2BB4CB4F3A7044D6A4EC

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Richard C. Garvey MD

Mailing Address 500 Mamaroneck Ave
Ste 211

City: Harrison
State: NY
Zip Code: 10528-1600

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 19 / 2013

Transaction ID : 0A2672388B1F4C4C8EB8

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Scot Bradley Glasberg MD, FACS

Mailing Address 42A E 74th St

City: New York
State: NY
Zip Code: 10021-2735

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 ▼ 1008.00

Date of Receipt: 07 / 25 / 2013

Transaction ID : 57B65A7E-8501-4F70-

Amount of Each Receipt this Period: 1008.00

C. Full Name (Last, First, Middle Initial)
Cynthia A. Glass MD

Mailing Address 331 Doucet Rd

City: Lafayette
State: LA
Zip Code: 70503-3447

FEC ID number of contributing federal political committee. C

Name of Employer: Aesthetic Institute of the South
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 19 / 2013

Transaction ID : 5A02C961-10D4-4816-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1558.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Gayle Gordillo MD

Mailing Address 915 Olentangy River Rd
Ste 2100

City: Columbus
State: OH
Zip Code: 43212-3154

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: 10 / 23 / 2013

Transaction ID : 1B95324B-DF3F-45E2-

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Sutton L. Graham II, MD

Mailing Address 615 Halton Rd
Ste 100

City: Greenville
State: SC
Zip Code: 29607-3403

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: 12 / 19 / 2013

Transaction ID : B4A208CC6E79497DACC1

Amount of Each Receipt this Period: 250.00

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

Mailing Address PO Box 8004
264 Broad Street

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

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 23 / 2013

Transaction ID : 3A6A7BCB-9102-4FEE-

Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

A. Full Name (Last, First, Middle Initial)
Robert M. Green MD

Mailing Address 2324 23rd St

City: Eureka
State: CA
Zip Code: 95501-3231

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 19 / 2013
Transaction ID : A130F66B880644FABA02

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Joe A. Griffin MD

Mailing Address 513 S Dargan St

City: Florence
State: SC
Zip Code: 29506-2549

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 27 / 2013
Transaction ID : D8A1C735EC834CA780B1

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
John R. Griffin MD

Mailing Address 50 S San Mateo Dr
Ste 460

City: San Mateo
State: CA
Zip Code: 94401-3833

FEC ID number of contributing federal political committee. C

Name of Employer: Plastic Surgery Associates
Occupation: Physician

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

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 12 / 2013
Transaction ID : 465A55E5-C619-41A4-

Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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): John A. Grossman MD
Mailing Address: 4600 Hale Pkwy, Ste 100
City: Denver State: CO Zip Code: 80220-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 08 / 01 / 2013
Transaction ID : CAFF57E9A7534DC18352
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): John A. Grossman MD
Mailing Address: 4600 Hale Pkwy, Ste 100
City: Denver State: CO Zip Code: 80220-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 08 / 03 / 2013
Transaction ID : 4FA09015BBACD61BD0B2
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): John A. Grossman MD
Mailing Address: 4600 Hale Pkwy, Ste 100
City: Denver State: CO Zip Code: 80220-4000
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: CEO
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 11 / 03 / 2013
Transaction ID : 4F7FB29A27609D61678C
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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)
Manish R. Gupta MD

Mailing Address 3438 Granite Cir

City: Toledo
State: OH
Zip Code: 43617-1160

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 10 / D D 17 / Y Y Y Y 2013

Transaction ID : A8ADDF02CD474123BFEA

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Karol A. Gutowski MD, FACS

Mailing Address 1535 Lake Cook Rd
Ste 211

City: Northbrook
State: IL
Zip Code: 60062-1451

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Chief of Plastic Sur

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 10 / D D 11 / Y Y Y Y 2013

Transaction ID : E6855158-9153-4B8C-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Roxanne J. Guy MD

Mailing Address 111 E Hibiscus Blvd

City: Melbourne
State: FL
Zip Code: 32901-3102

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 10 / D D 23 / Y Y Y Y 2013

Transaction ID : 30CB8B43-89F8-448C-

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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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[ ] 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): Gary D. Hall MD
Mailing Address: 14340 Metcalf Ave
City: Overland Park | State: KS | Zip Code: 66223-2987
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Cosmetic Surgery, PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 / 17 / 2013
Transaction ID : 267C9220-9B8B-4CDB-
Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial): Jennifer L. Harrington MD
Mailing Address: 2805 Campus Dr Ste 485
City: Minneapolis | State: MN | Zip Code: 55441-2919
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: 11 / 19 / 2013
Transaction ID : 70A87A79-BF0E-4D43-
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Stephen U. Harris MD
Mailing Address: 500 Montauk Hwy Ste H
City: West Islip | State: NY | Zip Code: 11795-4419
FEC ID number of contributing federal political committee: C
Name of Employer: Harris Plastic Surgery
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 07 / 25 / 2013
Transaction ID : 4FCE3DC4-0739-46AA-
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3100.00

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)
R. Scott S. Haupt MD

Mailing Address 5292 S College Dr
Ste 302

City: Murray
State: UT
Zip Code: 84123-2991

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: 08 / 06 / 2013
Transaction ID : F3947948-ECA9-4D82-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Robert J. Havlik MD

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City: Milwaukee
State: WI
Zip Code: 53226-3595

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: 10 / 23 / 2013
Transaction ID : 71644F5A-2228-48A1-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Mary C. Herte MD

Mailing Address 2555 Montessouri St
Ste A

City: Las Vegas
State: NV
Zip Code: 89117-3058

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 07 / 2013
Transaction ID : 3C9D0CBD31014965B726

Amount of Each Receipt this Period: 500.00

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

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

A. Full Name (Last, First, Middle Initial): Karl B. Hiatt MD
Mailing Address: 4540 E Baseline Rd, Ste 117
City: Mesa State: AZ Zip Code: 85206-4617
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: 07/08/2013
Transaction ID : DDF3589F070B4FCA9FF4
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): John B. Hijjawi MD
Mailing Address: 8700 W Watertown Plank Rd
City: Milwaukee State: WI Zip Code: 53226-3595
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: 10/23/2013
Transaction ID : 993901E3-70A9-431B-
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Joseph J. Hirschfeld MD
Mailing Address: 3000 E Fletcher Ave, Ste 260
City: Tampa State: FL Zip Code: 33613-4689
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: 10/17/2013
Transaction ID : 2AA90DD7DC01412D936F
Amount of Each Receipt this Period: 250.00

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

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

A. Full Name (Last, First, Middle Initial)
Charles E. Hollingsworth MD

Mailing Address 5420 Medical Parkway Dr

City: Texarkana
State: TX
Zip Code: 75503-4622

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 14 / 2013

Transaction ID : 32EE84D8F1E64AE99DC0

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Jeffrey D. Horowitz MD

Mailing Address 2225 Old Emmorton Rd

City: Bel Air
State: MD
Zip Code: 21015-6129

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: 10 / 29 / 2013

Transaction ID : D973A4C5-8853-459F-

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Hampton A. Howell MD

Mailing Address 1345 Westgate Center Dr
Ste A

City: Winston Salem
State: NC
Zip Code: 27103-3041

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: 11 / 20 / 2013

Transaction ID : 601115D8-0F0B-4986-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial): James S. Hoyt MD
Mailing Address: 3907 Creekside Loop, Ste 130
City: Yakima State: WA Zip Code: 98902-4879
FEC ID number of contributing federal political committee: C
Name of Employer: Self Occupation: MD
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08/19/2013
Transaction ID : C5B219CBEE9E4F89BA5D
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Eugene C. Hsiao MD
Mailing Address: 1550 E County Line Rd, Ste 320
City: Indianapolis State: IN Zip Code: 46227-0990
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: 10/11/2013
Transaction ID : 466300A4-F21F-4404-
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): William H. Huffaker MD
Mailing Address: 17300 N Outer 40 Rd, Ste 300
City: Chesterfield State: MO Zip Code: 63005-1364
FEC ID number of contributing federal political committee: C
Name of Employer: St. Louis Cosmetic Surgery Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09/05/2013
Transaction ID : 01029377-EB97-4A97-
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
David A. Janssen MD

Mailing Address 2400 Witzel Ave
Ste A

City: Oshkosh State: WI Zip Code: 54904-8375

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2013

Transaction ID : 9AA55E548BA24303B741

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Andrew Jimerson MD

Mailing Address 6920 McGinnis Ferry Rd
Ste 360

City: Suwanee State: GA Zip Code: 30024-6675

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: 12 / 31 / 2013

Transaction ID : 1A7E4CE3-4C45-4BB2-

Amount of Each Receipt this Period: 250.00

C. 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 ▼ 1200.00

Date of Receipt: 07 / 03 / 2013

Transaction ID : 421A8F7714945B3D3D47

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): 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 ▼: 1200.00
Date of Receipt: 08 / 03 / 2013
Transaction ID : 421DA1F700D56F6DCA53
Amount of Each Receipt this Period: 100.00

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 ▼: 1200.00
Date of Receipt: 09 / 03 / 2013
Transaction ID : 4353B2AD89E66069965E
Amount of Each Receipt this Period: 100.00

C.
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 ▼: 1200.00
Date of Receipt: 10 / 03 / 2013
Transaction ID : 41C396AAD7F45C6811D4
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): 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: 1200.00
Date of Receipt: 11 / 03 / 2013
Transaction ID : 4DE29E1F1BA3A0C1F7FF
Amount of Each Receipt this Period: 100.00

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: 1200.00
Date of Receipt: 12 / 03 / 2013
Transaction ID : 4492A9CF989B96E22135
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Melissa A. Johnson MD, FACS
Mailing Address: 100 Wason Ave Ste 360
City: Springfield State: MA Zip Code: 01107-1179
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: 10 / 11 / 2013
Transaction ID : 2DF7696B073D42488247
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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)
Loree K. Kalliainen MD

Mailing Address 640 Jackson St
Mail Stop 11503 B

City: Saint Paul
State: MN
Zip Code: 55101-2502

FEC ID number of contributing federal political committee. C

Name of Employer: Regions Hospital Plastic/Hand Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 17 / 2013

Transaction ID : 4A7107EF-3BB3-4FE8-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Peter P. Kay MD

Mailing Address 2355 N Wyatt Dr
Ste 111

City: Tucson
State: AZ
Zip Code: 85712-2120

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: 11 / 19 / 2013

Transaction ID : 5F2CFDE1434543B2AFE1

Amount of Each Receipt this Period: 500.00

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

Mailing Address 280 Exempla Cir
Division of Plastic Surgery

City: Lafayette
State: CO
Zip Code: 80026-3370

FEC ID number of contributing federal political committee. C

Name of Employer: Kaiser Permanente
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 23 / 2013

Transaction ID : DEB5A2DE-0354-4E73-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Matthew S. Kilgo MD

Mailing Address 999 Franklin Ave

City: Garden City
State: NY
Zip Code: 11530-2913

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: 11 / 19 / 2013

Transaction ID : 6438F8D7-5DF1-4120-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
John Y.S. Kim MD

Mailing Address Galter 19-250

City: Chicago
State: IL
Zip Code: 60611

FEC ID number of contributing federal political committee. C

Name of Employer: Northwestern Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2013

Transaction ID : 9C7D21D3-77FC-4107-

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Peter F. Kunz MD

Mailing Address 11725 N Illinois St
Ste 270

City: Carmel
State: IN
Zip Code: 46032-3010

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: 12 / 19 / 2013

Transaction ID : 41BFAA46705044A2E2E6

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A.
Full Name (Last, First, Middle Initial): William M. Kuzon MD, Ph.D.
Mailing Address: 4665 Fox Sedge Ct
City: Dexter State: MI Zip Code: 48130-9373
FEC ID number of contributing federal political committee: C
Name of Employer: University of Michigan - Plastic Surge
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 09 / 23 / 2013
Transaction ID : 4269ABEFD9F283C2A65F
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): William M. Kuzon MD, Ph.D.
Mailing Address: 4665 Fox Sedge Ct
City: Dexter State: MI Zip Code: 48130-9373
FEC ID number of contributing federal political committee: C
Name of Employer: University of Michigan - Plastic Surge
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 / 23 / 2013
Transaction ID : 40B78F4C0620C769FC70
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): William M. Kuzon MD, Ph.D.
Mailing Address: 4665 Fox Sedge Ct
City: Dexter State: MI Zip Code: 48130-9373
FEC ID number of contributing federal political committee: C
Name of Employer: University of Michigan - Plastic Surge
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 / 23 / 2013
Transaction ID : 4CEF91B3D0EA75E8FA08
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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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[ ] 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)
William M. Kuzon MD, Ph.D.

Mailing Address 4665 Fox Sedge Ct

City: Dexter
State: MI
Zip Code: 48130-9373

FEC ID number of contributing federal political committee. C

Name of Employer: University of Michigan - Plastic Surge
Occupation: Physician

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

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 23 / 2013

Transaction ID : 4F6E9BF19E7E5424EB51

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Val S. Lambros MD

Mailing Address 360 San Miguel Dr
Ste 406

City: Newport Beach
State: CA
Zip Code: 92660-7822

FEC ID number of contributing federal political committee. C

Name of Employer: Facial Imaging Research Project
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 23 / 2013

Transaction ID : 67ADA780-29E1-4292-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Tenley Lawton MD

Mailing Address 180 Newport Center Dr
Ste 170

City: Newport Beach
State: CA
Zip Code: 92660-0937

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: 10 / 17 / 2013

Transaction ID : 4B0E3A3882D34423947A

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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)
Michael Leadbetter MD

Mailing Address 4850 Red Bank Rd
1 Plastic Surgery Plaza

City: Cincinnati
State: OH
Zip Code: 45227-1545

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: 09 / 05 / 2013

Transaction ID : 28A523D2-D8D5-4453-

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Peter R. LeDoux MD

Mailing Address 9635 Huebner Rd

City: San Antonio
State: TX
Zip Code: 78240-1512

FEC ID number of contributing federal political committee.: C

Name of Employer: PRMA of South Texas
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 05 / 2013

Transaction ID : C64700C9-A9DD-4481-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Jean-Francois Lefaivre MD

Mailing Address 1025 Morehead Medical Dr
Ste 300

City: Charlotte
State: NC
Zip Code: 28204-2966

FEC ID number of contributing federal political committee.: C

Name of Employer: Carolinas Cosmetic and Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 01 / 2013

Transaction ID : E9928C65-F635-4A9C-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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)
Lyle S. Leipziger MD

Mailing Address 825 Northern Blvd
Chief-Plastic Surgery-Ns-Lij Suite

City: Great Neck
State: NY
Zip Code: 11021-5321

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 ▼ 730.00

Date of Receipt: 09 / 23 / 2013
Transaction ID : 90E42EC7-E111-4D2E-

Amount of Each Receipt this Period: 730.00

B. Full Name (Last, First, Middle Initial)
Paul W. Loewenstein MD

Mailing Address 13800 W North Ave
Ste 110

City: Brookfield
State: WI
Zip Code: 53005-4977

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 ▼ 900.00

Date of Receipt: 09 / 05 / 2013
Transaction ID : 62443F609711460EA401

Amount of Each Receipt this Period: 900.00

C. Full Name (Last, First, Middle Initial)
John A. Logiudice MD

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City: Milwaukee
State: WI
Zip Code: 53226-3595

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 ▼ 600.00

Date of Receipt: 08 / 19 / 2013
Transaction ID : D5955350-08A5-4B44-

Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ▶ 2230.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt: 07 / 29 / 2013

Transaction ID : 404BB20D19733D00BB82

Amount of Each Receipt this Period: 50.00

B. 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 ▼ 500.00

Date of Receipt: 08 / 29 / 2013

Transaction ID : 4C678C9B75D8C8BBB388

Amount of Each Receipt this Period: 50.00

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 ▼ 500.00

Date of Receipt: 09 / 29 / 2013

Transaction ID : 4B6E84427DDD59E2834C

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼ 500.00

Date of Receipt: 10 / 29 / 2013

Transaction ID : 4C8B8AF32C77208323FA

Amount of Each Receipt this Period: 50.00

B. 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 ▼ 500.00

Date of Receipt: 11 / 29 / 2013

Transaction ID : 46E992080DD4A63461C2

Amount of Each Receipt this Period: 50.00

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 ▼ 500.00

Date of Receipt: 12 / 29 / 2013

Transaction ID : 4213A164764C2EC1C168

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial)
Marcel M. Malek MD

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 ▼ 1200.00

Date of Receipt: 11 / 19 / 2013

Transaction ID : 4E273038-CD0F-4D3B-

Amount of Each Receipt this Period: 1200.00

B. Full Name (Last, First, Middle Initial)
Peter A. Marzek MD

Mailing Address 1879 Nightingale Ln
Ste A2

City: Tavares
State: FL
Zip Code: 32778-4363

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: 12 / 10 / 2013

Transaction ID : 76845672-0D4F-459E-

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Terry M. McCurry MD

Mailing Address 401 E Chestnut St
Unit 790

City: Louisville
State: KY
Zip Code: 40202-5707

FEC ID number of contributing federal political committee. C

Name of Employer: University Surgical Associates
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 20 / 2013

Transaction ID : 9CC6B615-2772-47CC-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial)
William R. Mealer MD

Mailing Address 300 N Willson Ave
Ste 300C

City: Bozeman
State: MT
Zip Code: 59715-3551

FEC ID number of contributing federal political committee. C

Name of Employer: Bozeman Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 20 / 2013

Transaction ID : FBFBCB39-840E-4062-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Clayton L. Moliver MD

Mailing Address 575 E Medical Center Blvd

City: Webster
State: TX
Zip Code: 77598-4326

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 / 08 / 2013

Transaction ID : 970AE3A88FFC4BE89598

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Jeffrey D. Morehouse MD

Mailing Address 5400 Gibson Blvd SE

City: Albuquerque
State: NM
Zip Code: 87108-4729

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: 09 / 23 / 2013

Transaction ID : 09562D13-4ECB-498A-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
J. Michael Morrissey MD

Mailing Address 221 W Colorado Blvd
Ste 727

City: Dallas
State: TX
Zip Code: 75208-2308

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: 10 / 02 / 2013

Transaction ID : 25617562D525428F91DC

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Peter C. Neligan Mb

Mailing Address PO Box 356410
1959 Northeast Pacific Street

City: Seattle
State: WA
Zip Code: 98195-6410

FEC ID number of contributing federal political committee. C

Name of Employer: University of Washington Medical Cente
Occupation: Professor

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 17 / 2013

Transaction ID : C0948C1B-05DE-4AE5-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Michael W. Neumeister MD, Frcsc,

Mailing Address PO Box 19653
Siu - Plastic Surgery,

City: Springfield
State: IL
Zip Code: 62794-9653

FEC ID number of contributing federal political committee. C

Name of Employer: SIU School of Medicine - Division of P
Occupation: Professor & Chairman

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 07 / 2013

Transaction ID : AC509C8B-C081-47FD-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Adam G. Newman MD
Mailing Address: 200 N College St
Newman, Md Plastic Surgery
City: Mountain Home State: AR Zip Code: 72653-3654
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: 12 / 20 / 2013
Transaction ID : C38B13BD-F1E0-4F4D-
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): 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 ▼ 600.00
Date of Receipt: 09 / 02 / 2013
Transaction ID : 4CA99F4177C0DB47AFBB
Amount of Each Receipt this Period: 150.00

C.
Full Name (Last, First, Middle Initial): 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 ▼ 600.00
Date of Receipt: 12 / 02 / 2013
Transaction ID : 423293B96A0D83BF1168
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

A. Full Name (Last, First, Middle Initial)
Michael Olding MD

Mailing Address 2150 Pennsylvania Ave NW
Ste 9-400

City: Washington
State: DC
Zip Code: 20037-3201

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: 10 / 23 / 2013

Transaction ID : CE77714A-8A9E-4925-

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Michael J. Orseck MD

Mailing Address 395 Hidden Creek Cir

City: Spartanburg
State: SC
Zip Code: 29306-6674

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 / 08 / 2013

Transaction ID : 7F637AE2-FAB9-4467-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
William I. Owen MD

Mailing Address 4300 W Main St
Ste 43

City: Dothan
State: AL
Zip Code: 36305-1316

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 19 / 2013

Transaction ID : 73EC1610-A461-47D7-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Manuel M. Pena MD

Mailing Address 6370 Pine Ridge Rd
Ste 101

City: Naples
State: FL
Zip Code: 34119-3906

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: 11 / 13 / 2013

Transaction ID : 51999FF136464563BD84

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Stacy L. Peterson MD

Mailing Address 818 N Emporia St
Ste 305

City: Wichita
State: KS
Zip Code: 67214-3727

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 ▼ 365.00

Date of Receipt: 10 / 24 / 2013

Transaction ID : 4916B540C2964C6BAAB5

Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Linda G. Phillips MD

Mailing Address 301 University Blvd

City: Galveston
State: TX
Zip Code: 77555-5302

FEC ID number of contributing federal political committee. C

Name of Employer: UTMB University of Texas Medical Branc
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 14 / 2013

Transaction ID : FA5F8FFC-7313-48F4-

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1665.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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): Susan M. Pike MD
Mailing Address: 425 University Blvd, Ste 325
City: Round Rock State: TX Zip Code: 78665-1054
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: 10 / 23 / 2013
Transaction ID : 5B531DF8-1331-4313-
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Mark A. Pinsky MD
Mailing Address: 11020 Rca Center Dr, Ste 2010
City: Palm Beach Gardens State: FL Zip Code: 33410-4277
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 / 27 / 2013
Transaction ID : 57B30EF220E34C8CAAF8
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Lori G. Polacek MD
Mailing Address: 2000 Chapel View Blvd, Ste 110
City: Cranston State: RI Zip Code: 02920-3091
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: 12 / 30 / 2013
Transaction ID : 14F3B00DF6E24D4F9F7A
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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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[ ] 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): Sidney Rabinowitz MD
Mailing Address: 305 N State Rt 17, Ste 3-100A
City: Paramus State: NJ Zip Code: 07652-2913
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: 12/30/2013
Transaction ID : 5501B6C9-D89B-46F3-
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): David B. Reath MD
Mailing Address: 109 S Northshore Dr, Ste 101
City: Knoxville State: TN Zip Code: 37919-4925
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: 10/02/2013
Transaction ID : 4FB3C444603647FB8960
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Robert S. Reiffel MD
Mailing Address: 12 Greenridge Ave, Ste 203
City: White Plains State: NY Zip Code: 10605-1238
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: 12/18/2013
Transaction ID : 900E6238-D56A-484D-
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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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[ ] 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)
Debra Ann Reilly MD

Mailing Address 983335 Nebraska Medical Ctr

City: Omaha
State: NE
Zip Code: 68198-3335

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: 12 / 30 / 2013
Transaction ID : DD7D0EC5-095E-4089-

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
R. Dale Reynolds MD

Mailing Address 6438 La Posta Dr

City: El Paso
State: TX
Zip Code: 79912-7332

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 ▼ 360.00

Date of Receipt: 07 / 06 / 2013
Transaction ID : 455B873EFCC5A712F0A7

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
R. Dale Reynolds MD

Mailing Address 6438 La Posta Dr

City: El Paso
State: TX
Zip Code: 79912-7332

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 ▼ 360.00

Date of Receipt: 08 / 06 / 2013
Transaction ID : 4A62AF35DA6ED8385D88

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 310.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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): R. Dale Reynolds MD
Mailing Address: 6438 La Posta Dr
City: El Paso
State: TX
Zip Code: 79912-7332
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 ▼: 360.00
Date of Receipt: 09 / 06 / 2013
Transaction ID : 47F8801D1B033BC812DC
Amount of Each Receipt this Period: 30.00

B.
Full Name (Last, First, Middle Initial): R. Dale Reynolds MD
Mailing Address: 6438 La Posta Dr
City: El Paso
State: TX
Zip Code: 79912-7332
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 ▼: 360.00
Date of Receipt: 10 / 06 / 2013
Transaction ID : 45DD9C90BE53C4DB1B06
Amount of Each Receipt this Period: 30.00

C.
Full Name (Last, First, Middle Initial): R. Dale Reynolds MD
Mailing Address: 6438 La Posta Dr
City: El Paso
State: TX
Zip Code: 79912-7332
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 ▼: 360.00
Date of Receipt: 11 / 06 / 2013
Transaction ID : 4A18A79E23AFB801C1A2
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
R. Dale Reynolds MD

Mailing Address 6438 La Posta Dr

City: El Paso
State: TX
Zip Code: 79912-7332

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 ▼ 360.00

Date of Receipt: 12 / 06 / 2013

Transaction ID : 476997A077CB4477CFDC

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Bruce A. Rodgers MD

Mailing Address 24022 Cinco Village Center Blvd
Ste 250

City: Katy
State: TX
Zip Code: 77494-3704

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: 09 / 05 / 2013

Transaction ID : 49193E2C-496B-496C-

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Regina L. Rosenthal MD

Mailing Address 3803 S Bascom Ave
Ste 206

City: Campbell
State: CA
Zip Code: 95008-7317

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: 10 / 23 / 2013

Transaction ID : E29161E1-6F69-4D9B-

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 580.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Malcolm Z. Roth MD
Mailing Address: 43 New Scotland Ave, Mail Code 190
City: Albany State: NY Zip Code: 12208-3412
FEC ID number of contributing federal political committee: C
Name of Employer: Albany Medical Center
Occupation: Associate Professor
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 09 / 01 / 2013
Transaction ID : 8E12F2221BFC44EDBE7D
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): Malcolm Z. Roth MD
Mailing Address: 43 New Scotland Ave, Mail Code 190
City: Albany State: NY Zip Code: 12208-3412
FEC ID number of contributing federal political committee: C
Name of Employer: Albany Medical Center
Occupation: Associate Professor
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 10 / 01 / 2013
Transaction ID : 9FD372C992F3402D99F8
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Malcolm Z. Roth MD
Mailing Address: 43 New Scotland Ave, Mail Code 190
City: Albany State: NY Zip Code: 12208-3412
FEC ID number of contributing federal political committee: C
Name of Employer: Albany Medical Center
Occupation: Associate Professor
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 11 / 01 / 2013
Transaction ID : 9DDA92AF52D14722AA09
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Malcolm Z. Roth MD

Mailing Address 43 New Scotland Ave
Mail Code 190

City: Albany
State: NY
Zip Code: 12208-3412

FEC ID number of contributing federal political committee. C

Name of Employer: Albany Medical Center
Occupation: Associate Professor

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 02 / 2013

Transaction ID : 292DD2AA87FF4008BBFB

Amount of Each Receipt this Period: 200.00

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

Mailing Address 9000 Waukegan Rd
Ste 210

City: Morton Grove
State: IL
Zip Code: 60053-2127

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: 09 / 23 / 2013

Transaction ID : 5AC30A9E-FC8A-4756-

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Benjamin Schlechter MD

Mailing Address 2603 Keiser Blvd
Ste 207

City: Wyomissing
State: PA
Zip Code: 19610-3341

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: 09 / 13 / 2013

Transaction ID : 8B9C8962-59D9-494A-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial)
David P. Schnur MD

Mailing Address 1578 Humboldt St

City: Denver
State: CO
Zip Code: 80218-1638

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: 10 / 29 / 2013

Transaction ID : FAB89ACC-4298-413A-

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Steven H. Schuster MD

Mailing Address 1905 Clint Moore Rd
Ste 101

City: Boca Raton
State: FL
Zip Code: 33496-2696

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 ▼ 425.00

Date of Receipt: 11 / 08 / 2013

Transaction ID : EB3F10B115074FE9A7ED

Amount of Each Receipt this Period 425.00

C. Full Name (Last, First, Middle Initial)
Subramanya R. Shastri MD

Mailing Address 17 Limestone Dr
Ste 1

City: Williamsville
State: NY
Zip Code: 14221-8601

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: 10 / 10 / 2013

Transaction ID : E0F2A9753A5F42C190CB

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 925.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial)
Charles T. Slack MD

Mailing Address Suite 370
1105 Central Expressway

City: Allen
State: TX
Zip Code: 75013

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 / 25 / 2013

Transaction ID : 58291D29-143E-43CD-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Gary A. Smotrich MD

Mailing Address 3131 Princeton Pike
Bldg 5

City: Lawrenceville
State: NJ
Zip Code: 08648-2201

FEC ID number of contributing federal political committee. C

Name of Employer: Lawrenceville Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 08 / 2013

Transaction ID : B3C98D3E-2417-4392-

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
David H. Song MD, Mba, F

Mailing Address 5841 S Maryland Ave
M/C 6035

City: Chicago
State: IL
Zip Code: 60637-1447

FEC ID number of contributing federal political committee. C

Name of Employer: University of Chicago Medical Center
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 25 / 2013

Transaction ID : F71CA4A9-8DA6-49FB-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Thomas P. Sterry MD

Mailing Address 895 Park Ave
Ste 1B

City: New York
State: NY
Zip Code: 10075-0327

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: 11 / 19 / 2013

Transaction ID : 53CEC87D07CF474AA3EB

Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Louis L. Strock MD

Mailing Address 800 8th Ave
Ste 606

City: Fort Worth
State: TX
Zip Code: 76104-2605

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: 10 / 30 / 2013

Transaction ID : D541E09A-C3DE-4EF4-

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1100 Park Ave

City: New York
State: NY
Zip Code: 10128-1202

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: 10 / 24 / 2013

Transaction ID : 9D85C439E8814A908978

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

Mailing Address 5141 Hurricane Hill Rd

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

FEC ID number of contributing federal political committee. C

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

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

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 21 / 2013

Transaction ID : 4A799C92ACA2F764742D

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Richard Tepper MD

Mailing Address 522 E Broad St

City: Westfield
State: NJ
Zip Code: 07090-2116

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: 10 / 17 / 2013

Transaction ID : 2F39794A-86B9-4AE7-

Amount of Each Receipt this Period: 400.00

C. Full Name (Last, First, Middle Initial)
Steven V. Thomas MD

Mailing Address 4110 Copper Ridge Dr
Ste 242

City: Traverse City
State: MI
Zip Code: 49684-6721

FEC ID number of contributing federal political committee. C

Name of Employer: Center for PS at Copper Ridge
Occupation: Physician

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

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 12 / 2013

Transaction ID : F33F4580-FA5E-4280-

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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)
Nicholas B. Vedder MD, FACS

Mailing Address 325 9th Ave
Department Surgery, Box 359796

City: Seattle
State: WA
Zip Code: 98104-2420

FEC ID number of contributing federal political committee. C

Name of Employer: University of Washington
Occupation: Professor & Chief of

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 20 / Y Y Y Y 2013

Transaction ID : 55ECD916-00E2-47D8-

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Charles N. Verheyden MD, Ph.D.,

Mailing Address 2401 S 31st St

City: Temple
State: TX
Zip Code: 76508-0001

FEC ID number of contributing federal political committee. C

Name of Employer: Scott & White Clinic
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 11 / Y Y Y Y 2013

Transaction ID : 7100EE4A6603400C92BC

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Douglas S. Wagner MD

Mailing Address 1 Park West Blvd
Ste 350

City: Akron
State: OH
Zip Code: 44320-4226

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: M M 11 / D D 17 / Y Y Y Y 2013

Transaction ID : CC052CAC-7D70-422B-

Amount of Each Receipt this Period: 500.00

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)
[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)
William A. Wallace MD, FACS

Mailing Address 916 Alameda Ln

City: Saint Johns
State: FL
Zip Code: 32259-6903

FEC ID number of contributing federal political committee.: C

Name of Employer: Coastal Cosmetic Center
Occupation: Physician

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

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M 07 / D D 17 / Y Y Y Y 2013

Transaction ID : 4636ADCD96E14AD286CA

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
William A. Wallace MD, FACS

Mailing Address 916 Alameda Ln

City: Saint Johns
State: FL
Zip Code: 32259-6903

FEC ID number of contributing federal political committee.: C

Name of Employer: Coastal Cosmetic Center
Occupation: Physician

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

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M 08 / D D 17 / Y Y Y Y 2013

Transaction ID : 4D77A7DD9572F99F39B1

Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
William A. Wallace MD, FACS

Mailing Address 916 Alameda Ln

City: Saint Johns
State: FL
Zip Code: 32259-6903

FEC ID number of contributing federal political committee.: C

Name of Employer: Coastal Cosmetic Center
Occupation: Physician

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

Aggregate Year-to-Date ▼
840.00

Date of Receipt
M M 09 / D D 17 / Y Y Y Y 2013

Transaction ID : 48BAB01F7DE19612AA0F

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ▶ 252.00

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): William A. Wallace MD, FACS
Mailing Address: 916 Alameda Ln
City: Saint Johns
State: FL
Zip Code: 32259-6903
FEC ID number of contributing federal political committee.: C
Name of Employer: Coastal Cosmetic Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 840.00
Date of Receipt: 10 / 18 / 2013
Transaction ID : 4F50B9BB4B2384C559A3
Amount of Each Receipt this Period: 84.00

B.
Full Name (Last, First, Middle Initial): William A. Wallace MD, FACS
Mailing Address: 916 Alameda Ln
City: Saint Johns
State: FL
Zip Code: 32259-6903
FEC ID number of contributing federal political committee.: C
Name of Employer: Coastal Cosmetic Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 840.00
Date of Receipt: 11 / 17 / 2013
Transaction ID : 42058195830B45B2D3F7
Amount of Each Receipt this Period: 84.00

C.
Full Name (Last, First, Middle Initial): William A. Wallace MD, FACS
Mailing Address: 916 Alameda Ln
City: Saint Johns
State: FL
Zip Code: 32259-6903
FEC ID number of contributing federal political committee.: C
Name of Employer: Coastal Cosmetic Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 840.00
Date of Receipt: 12 / 17 / 2013
Transaction ID : 41B5A2BE6AD1834F7CFF
Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ▶ 252.00

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)
Howard Wang MD

Mailing Address 7703 Floyd Curl Dr
Ut Divide of Plastic Surgery, Mail

City: San Antonio
State: TX
Zip Code: 78229-3901

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: 09 / 27 / 2013

Transaction ID : EB16B8C7-782C-4201-

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Larry P. Weinstein MD

Mailing Address 385 State Route 24
Ste 3K

City: Chester
State: NJ
Zip Code: 07930-2910

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: 10 / 29 / 2013

Transaction ID : C063482B-CC77-4346-

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
James H. Wells MD

Mailing Address 2880 Atlantic Ave
Ste 290

City: Long Beach
State: CA
Zip Code: 90806-1716

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: 10 / 23 / 2013

Transaction ID : 8A1FC8E5-79BA-4B59-

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Robert M. Whitfield MD, FACS

Mailing Address

City: Austin
State: TX
Zip Code: 78746

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Assistant Professor

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

Aggregate Year-to-Date ▼: 1999.92

Date of Receipt: 07 / 18 / 2013

Transaction ID : 472D9904F1F183E37833

Amount of Each Receipt this Period: 166.66

B. Full Name (Last, First, Middle Initial)
Robert M. Whitfield MD, FACS

Mailing Address

City: Austin
State: TX
Zip Code: 78746

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Assistant Professor

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

Aggregate Year-to-Date ▼: 1999.92

Date of Receipt: 08 / 18 / 2013

Transaction ID : 497EB8FB90BB65AA11FB

Amount of Each Receipt this Period: 166.66

C. Full Name (Last, First, Middle Initial)
Robert M. Whitfield MD, FACS

Mailing Address

City: Austin
State: TX
Zip Code: 78746

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Assistant Professor

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

Aggregate Year-to-Date ▼: 1999.92

Date of Receipt: 09 / 18 / 2013

Transaction ID : 4182924813E75B7F223E

Amount of Each Receipt this Period: 166.66

SUBTOTAL of Receipts This Page (optional) ▶ 499.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Robert M. Whitfield MD, FACS

Mailing Address

City: Austin
State: TX
Zip Code: 78746

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Assistant Professor

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

Aggregate Year-to-Date ▼
1999.92

Date of Receipt
M M 10 / D D 18 / Y Y Y Y 2013

Transaction ID : 497FAA149D40095C1BA2

Amount of Each Receipt this Period
166.66

B. Full Name (Last, First, Middle Initial)
Robert M. Whitfield MD, FACS

Mailing Address

City: Austin
State: TX
Zip Code: 78746

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Assistant Professor

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

Aggregate Year-to-Date ▼
1999.92

Date of Receipt
M M 11 / D D 18 / Y Y Y Y 2013

Transaction ID : 43FDB03E61B972475197

Amount of Each Receipt this Period
166.66

C. Full Name (Last, First, Middle Initial)
Robert M. Whitfield MD, FACS

Mailing Address

City: Austin
State: TX
Zip Code: 78746

FEC ID number of contributing federal political committee.: C

Name of Employer: Self
Occupation: Assistant Professor

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

Aggregate Year-to-Date ▼
1999.92

Date of Receipt
M M 12 / D D 18 / Y Y Y Y 2013

Transaction ID : 45D18EC8FC1E2FCE71DE

Amount of Each Receipt this Period
166.66

SUBTOTAL of Receipts This Page (optional) ▶ 499.98

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)
Joel A. Williams MD

Mailing Address 1506 Professional Ct
Williams Plastic Surgery

City: Dalton
State: GA
Zip Code: 30720-2500

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: 12 / 20 / 2013

Transaction ID : B3CF78A3-27B3-48E5-

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Gary F. Wingate MD

Mailing Address 460 Creamery Way
Ste 110

City: Exton
State: PA
Zip Code: 19341-2533

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 / 09 / 2013

Transaction ID : 4CE58B3A-B588-4FE4-

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Gregory P. Wittpenn MD

Mailing Address 3616 N University Dr

City: Nacogdoches
State: TX
Zip Code: 75965-2539

FEC ID number of contributing federal political committee. C

Name of Employer: New Horizons Plastic Surgery
Occupation: Physician

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

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 14 / 2013

Transaction ID : 0B0B46C666264EAA9578

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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): Michael S. Wong MD
Mailing Address: 2221 Stockton Blvd, Ste 2123
City: Sacramento State: CA Zip Code: 95817-1418
FEC ID number of contributing federal political committee: C
Name of Employer: Univ. of California, Davis Med. Cntr.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 / 26 / 2013
Transaction ID : 1099C544-CB2A-4232-
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial): June Wu MD
Mailing Address: 161 Fort Washington Ave, Ste 511
City: New York State: NY Zip Code: 10032-3729
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 / 15 / 2013
Transaction ID : BAFF8523-4583-4716-
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): June Wu MD
Mailing Address: 161 Fort Washington Ave, Ste 511
City: New York State: NY Zip Code: 10032-3729
FEC ID number of contributing federal political committee: C
Name of Employer: Columbia University
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 12 / 13 / 2013
Transaction ID : B726D509-A2A5-4D22-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[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)
Judith Braslow Zacher MD

Mailing Address 43585 Monterey Ave
Ste 7

City: Palm Desert
State: CA
Zip Code: 92260-9400

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 / 08 / 2013

Transaction ID : C47FAB01AAFD425A854A

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Judith Braslow Zacher MD

Mailing Address 43585 Monterey Ave
Ste 7

City: Palm Desert
State: CA
Zip Code: 92260-9400

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Physician

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

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 22 / 2013

Transaction ID : 493B496273934ABDA7EA

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Richard J. Zienowicz MD

Mailing Address 1 Castle Hill Ave
Usa

City: Newport
State: RI
Zip Code: 02840-3721

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: 09 / 02 / 2013

Transaction ID : 40A1AF4A2FCBAD6CC256

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Robert Zubowski MD

Mailing Address 1 Sears Dr

City: Paramus
State: NJ
Zip Code: 07652-3515

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 ▼ 600.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2013

Transaction ID : 01C1C79A-F6D1-4CED-

Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)
Michael F. Zwicklbauer MD

Mailing Address 895 Middle Ground Blvd
Ste 300

City: Newport News
State: VA
Zip Code: 23606-4250

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 10 / D D 10 / Y Y Y Y 2013

Transaction ID : 851333BB245C4A3DBC65

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Paul C. Zwiebel MD

Mailing Address 2050 E County Line Rd
the Zwiebel Center for Plastic Sur

City: Highlands Ranch
State: CO
Zip Code: 80126-2403

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 ▼ 300.00

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2013

Transaction ID : 5EE1D9F7-A9A8-40F2-

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00

TOTAL This Period (last page this line number only) ▶ 71515.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A. Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 15 / 2013
Transaction ID : FCA16B1B38063131D1F
Amount of Each Disbursement this Period: 286.43

B. Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 31 / 2013
Transaction ID : 89C1E38A66F4B3CE6EB
Amount of Each Disbursement this Period: 202.77

C. Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 31 / 2013
Transaction ID : 79975DB609918498C16
Amount of Each Disbursement this Period: 246.08

SUBTOTAL of Disbursements This Page (optional) ▶ 735.28

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A. Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2013
Transaction ID : 789247307EBB8D33840
Amount of Each Disbursement this Period: 224.04

B. Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 10 / 31 / 2013
Transaction ID : E83D3A4834146ADD82F
Amount of Each Disbursement this Period: 248.22

C. Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 30 / 2013
Transaction ID : 0BA3C27B6B09779D2E0
Amount of Each Disbursement this Period: 444.69

SUBTOTAL of Disbursements This Page (optional) ▶ 916.95

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): JP Morgan Chase
Mailing Address: 1201 South Milwaukee Ave
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 12 / D D 31 / Y Y Y Y 2013
Transaction ID : EB4015E6C7401B19B15
Amount of Each Disbursement this Period: 612.12

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:

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:

SUBTOTAL of Disbursements This Page (optional) ▶ 612.12

TOTAL This Period (last page this line number only) ▶ 2264.35

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 [X] 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)
Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement: 2014 Primary

Category/Type: 011

Candidate Name: Lamar Alexander

Office Sought: [ ] House [X] Senate [ ] President

State: TN District:

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 10 / 03 / 2013

Transaction ID : 0F3FA4473C066FBA52A

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Allyson Schwartz for Congress

Mailing Address PO Box 2232

City: Jenkintown State: PA Zip Code: 19046

Purpose of Disbursement: 2014 Primary

Category/Type: 011

Candidate Name: Allyson Y. Schwartz

Office Sought: [X] House [ ] Senate [ ] President

State: PA District: 13

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2013

Transaction ID : 888A070946406C6C341

Amount of Each Disbursement this Period: -2000.00

C. Full Name (Last, First, Middle Initial)
Cantor for Congress

Mailing Address PO Box 17813

City: Richmond State: VA Zip Code: 23226-7813

Purpose of Disbursement: Void 5/20/2013 Contribution

Category/Type: 011

Candidate Name: Eric Ivan Cantor

Office Sought: [X] House [ ] Senate [ ] President

State: VA District: 07

Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2013

Transaction ID : 2A57A2D6186E82B5FDA

Amount of Each Disbursement this Period: -5000.00

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): Citizens for Cochran
Mailing Address: PO Box 7183
City: Tupelo State: MS Zip Code: 38802
Purpose of Disbursement: 2014 Primary
Candidate Name: William Thad Cochran
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: MS District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : B0328E6A42CF4A5C74F
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Crowley for Congress
Mailing Address: 84-56 Grand Avenue
City: Elmhurst State: NY Zip Code: 11373
Purpose of Disbursement: 2014 Primary
Candidate Name: Joseph Crowley
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 14
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : AD1B21DF3547752FEDE
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Every Republican Is Crucial (ERICPAC)
Mailing Address: 25 E Main Street, Suite 200
City: Richmond State: VA Zip Code: 23219-2109
Purpose of Disbursement: 2013 Contribution
Candidate Name: Every Republican Is Crucial (ERICPAC)
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2013 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 03 / 2013
Transaction ID : C673A09A15C1C4C5118
Amount of Each Disbursement this Period: 5000.00

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): Lone Star Leadership PAC
Mailing Address: PO Box 30844
City: Bethesda State: MD Zip Code: 20824
Purpose of Disbursement: 2013 Contribution
Category/Type: 011
Candidate Name: Lone Star Leadership PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2013 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 09 / D D 26 / Y Y Y Y 2013
Transaction ID : D7B5E337100F5EF73F3
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Marsha Blackburn for Congress, Inc.
Mailing Address: PO Box 3750
City: Brentwood State: TN Zip Code: 37024-3750
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Marsha Blackburn
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 07
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 09 / D D 26 / Y Y Y Y 2013
Transaction ID : 61FE2866871BC9DB56D
Amount of Each Disbursement this Period: 3000.00

C. Full Name (Last, First, Middle Initial): McConnell Senate Committee '14
Mailing Address: PO Box 1496
City: Louisville State: KY Zip Code: 40201
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Mitch McConnell
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 09 / D D 26 / Y Y Y Y 2013
Transaction ID : 1D1C7511E8A007EFEE1
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 10500.00

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): McConnell Senate Committee '14
Mailing Address: PO Box 1496
City: Louisville State: KY Zip Code: 40201
Purpose of Disbursement: 2014 General
Category/Type: 011
Candidate Name: Mitch McConnell
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District:
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : FEF43BB9DE4EB1DD2CB
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Mike Thompson for Congress
Mailing Address: 5429 Madison Avenue
City: Sacramento State: CA Zip Code: 95841
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Michael C. Thompson
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : 0EB4FE7F5A49566ABE6
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Stivers for Congress
Mailing Address: 4679 Winterset Drive
City: Columbus State: OH Zip Code: 43220-8113
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Steve Stivers
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 15
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : 6820ABFA425BC36A497
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 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): Vargas for Congress
Mailing Address: 330 Encinitas Blvd., Suite 101
City: Encinitas State: CA Zip Code: 92024
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Juan C. Vargas
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 51
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : FFA4229516E49BA1CE1
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Whitfield for Congress Committee
Mailing Address: PO Box 391
City: Hopkinsville State: KY Zip Code: 42241
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Edward Whitfield
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 01
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : B793051C02AD1498E04
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Wyden for Senate
Mailing Address: 232 NE 9th Avenue
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: Ron Wyden
Office Sought: ☐ House ☒ Senate ☐ President
State: OR District:
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 26 / 2013
Transaction ID : 5CCB8587EB112808806
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

TOTAL This Period (last page this line number only) ▶ 29500.00