

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.
American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Mr. William Seward

Signature of Treasurer Mr. William Seward [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="82020.03"/>	<input type="text" value="82020.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="44231.25"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7690.00"/>	<input type="text" value="144062.81"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51921.25"/>	<input type="text" value="226082.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="34195.30"/>	<input type="text" value="208356.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17725.95"/>	<input type="text" value="17725.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7040.00	121860.32
(ii) Unitemized	650.00	22202.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7690.00	144062.81
(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)	7690.00	144062.81
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))..... ▶	7690.00	144062.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7690.00	144062.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	195.30	2846.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	195.30	2846.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34000.00	205500.00
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	10.83
(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	10.83
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)) ..	34195.30	208356.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34195.30	208356.89

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7690.00	144062.81
34. Total Contribution Refunds (from Line 28(d))	0.00	10.83
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7690.00	144051.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	195.30	2846.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	195.30	2846.06

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

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

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. Balvant Arora MD
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Sam Perry Blvd
Ste 121

City Fredericksburg State VA Zip Code 22401-4465

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

Name of Employer: Horizon Plastic Surgery & Dermatology Occupation: Plastic Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 03 / 2012
Transaction ID : 9702DAD4FEB5B341541

Amount of Each Receipt this Period: 300.00

B. Joon Y. Choi MD
Full Name (Last, First, Middle Initial)

Mailing Address 408 S Beach Blvd
Ste 205

City Anaheim State CA Zip Code 92804-1879

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 / 2012
Transaction ID : 0E1E45C6-468D-44F0-

Amount of Each Receipt this Period: 250.00

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

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 ▼ 1045.00

Date of Receipt: 10 / 01 / 2012
Transaction ID : 4215A39271AD0FD7F29F

Amount of Each Receipt this Period: 230.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 780.00

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

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

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

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

A. Joseph B. Delozier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 209 23rd Ave N
 City Nashville State TN Zip Code 37203-1501
 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 / 03 / 2012
Transaction ID : C61676E7-F9FE-46E5-
 Amount of Each Receipt this Period 365.00

B. Thomas Gs Fiala MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 E Central Pkwy Ste 2020
 City Altamonte Springs State FL Zip Code 32701-3400
 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 / 12 / 2012
Transaction ID : E291B657-1344-4DBC-
 Amount of Each Receipt this Period 1000.00

C. Carla Garrison MD
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.00

Date of Receipt 10 / 03 / 2012
Transaction ID : 9F29007CF72F5E0AE38
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. W. John Kitzmiller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 Albert Sabin Way
 MI0558
 City Cincinnati State OH Zip Code 45267-2827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ/Cincinnati Plas Recon & Hand Surg Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2012
Transaction ID : 5B1FED4A-F490-4EB3-
 Amount of Each Receipt this Period
1000.00

B. Peter F. Kunz MD
 Full Name (Last, First, Middle Initial)
 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 **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2012
Transaction ID : 7D60D17F25C413616C7
 Amount of Each Receipt this Period
365.00

C. Carl W. Lentz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1040 W International Speedway Blvd
 City Daytona Beach State FL Zip Code 32114-3434
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2012
Transaction ID : C60A0093-11AE-43B2-
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....	2365.00
TOTAL This Period (last page this line number only).....	

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

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

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

A. L. Elizabeth Peterson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 105 W 8th Ave
 Ste 500
 City Spokane State WA Zip Code 99204-2300
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2012
Transaction ID : 7A373CD2-1815-47E2-
 Amount of Each Receipt this Period 500.00

B. Susan M. Pike MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 University Blvd
 City Round Rock State TX Zip Code 78665-1032
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2012
Transaction ID : 401042C7-7723-4363-
 Amount of Each Receipt this Period 250.00

C. David B. Reath MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 S Northshore Dr
 Ste 101
 City Knoxville State TN Zip Code 37919-4925
 Name of Employer Self Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2012
Transaction ID : D4BB37C51021FFDD95C
 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

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

FOR LINE NUMBER: PAGE 10 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6438 La Posta Dr

City State Zip Code
El Paso TX 79912-7332

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 06 / 2012

Transaction ID : 4462B7A37E5BAB8276A6

Amount of Each Receipt this Period
30.00

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

Mailing Address 2 Dudley St
Ste 380

City State Zip Code
Providence RI 02905-3248

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2012

Transaction ID : 91BB6020-9DC9-46F5-

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	530.00
TOTAL This Period (last page this line number only).....▶	7040.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V36786B445D6FADDECEE

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City Libertyville State IL Zip Code 60048

Purpose of Disbursement
Bank Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : C19DE17270FE4F66AEF

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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)

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

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

Full Name (Last, First, Middle Initial)

A. Benishek for Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement
2012 General

011

Candidate Name

Daniel J. Benishek

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : C2D00F199E80C8159B3

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Berg for Senate

Mailing Address PO Box 9394

City Fargo State ND Zip Code 58106

Purpose of Disbursement
2012 General

011

Candidate Name

Rick Berg

Category/
Type

Office Sought: House
 Senate
 President
State: ND District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 5622CDF227BAEFF97CB

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Bob Corker for Senate 2012

Mailing Address 1910 21st Avenue South

City Nashville State TN Zip Code 37212

Purpose of Disbursement
2012 General

011

Candidate Name

Bob Corker

Category/
Type

Office Sought: House
 Senate
 President
State: TN District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 99FBD256AC525EB00F7

Amount of Each Disbursement this Period

2500.00

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

8000.00

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)

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

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

Full Name (Last, First, Middle Initial)

A. Committee To Elect Charlie Summers

Mailing Address PO Box 511

City Scarborough State ME Zip Code 04070

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Charles E. Summers

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 33583313F5904B3C8CD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Freedom Fund

Mailing Address 701 8th Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Freedom Fund

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 0C2CBC47B5D3237233E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Good To Great Victory Fund

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 0B8D31F8A400751A83C

Amount of Each Disbursement this Period

5000.00

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

10000.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Hoosiers for Richard Mourdock Inc

Mailing Address PO Box 1583

City Indianapolis State IN Zip Code 46206-1583

Purpose of Disbursement
2012 General

011

Candidate Name

Richard E. Mourdock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : F2FC237066AC727B6E8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jeff Flake for Us Senate Inc

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284-0042

Purpose of Disbursement
2012 General

011

Candidate Name

Jeff Flake

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 626CC17F44191F36629

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Linda Lingle Senate Committee

Mailing Address C/O 46-001 Kamehameha Hwy
Suite 301

City Kaneohe State HI Zip Code 96744-0000

Purpose of Disbursement
2012 General

011

Candidate Name

Linda Lingle

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 08642181E8F3C933654

Amount of Each Disbursement this Period

2500.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Preserving America's Traditions (PATPAC)

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Preserving America's Traditions (PATPAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : C689614529CBD45DC53

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ron Desantis for Congress

Mailing Address PO Box 405

City Pointe Vedra State FL Zip Code 32004

Purpose of Disbursement
2012 General

011

Candidate Name

Ronald D. DeSantis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 06

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 9200E4C15E653B2E961

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ted Cruz for Senate

Mailing Address 815 A Brazos
Pmb 550

City Austin State TX Zip Code 78701

Purpose of Disbursement
2012 General

011

Candidate Name

Rafael Edward Cruz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2012

Transaction ID : 96A5C5CD03AA9C3A226

Amount of Each Disbursement this Period

5000.00

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

8500.00

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)

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

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

Full Name (Last, First, Middle Initial)

A. Todd Akin for Senate

Mailing Address PO Box 31222

City State Zip Code
St Louis MO 63131

Purpose of Disbursement
2012 General

011

Candidate Name
W. Todd Akin

Category/
Type

Office Sought: House
 Senate
 President
State: MO District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : B86A08210D188DB4FA3

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

B. Tommy Thompson for Senate Inc

Mailing Address PO Box 620650

City State Zip Code
Middleton WI 53562-0650

Purpose of Disbursement
2012 General

011

Candidate Name
Tommy G. Thompson

Category/
Type

Office Sought: House
 Senate
 President
State: WI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2012

Transaction ID : 6567ECF0B88BFF6ED34

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

0.00

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

34000.00