

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

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

FOR LINE NUMBER: PAGE 8 OF 34

(check only one)

☒ 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Glasberg, Scot, Bradley, Dr., MD, FACS

Mailing Address 900 Park Ave
 Apt 19AB

City
 New York

State
 NY

Zip Code
 10075-0231

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Self

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2019

Transaction ID : A97DFE520029B41F2B94

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LoVerme, Paul, J., Dr., 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 (for Individual)
 Self

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2019

Transaction ID : AABCE10BB76DA4BF4A11

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rotatori, D Scott, , , MD

Mailing Address 1727 Barcelona Way

City

Winter Park

State

FL

Zip Code

32789-5616

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Self

Occupation (for Individual)
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 02 / 2019

Transaction ID : A61F49BFD1572458C8AC

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

240.00

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