

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

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

FOR LINE NUMBER: PAGE 12 OF 27

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

A. Bentz, Michael, L., , MD

Mailing Address 9029 Settlers Rd

City
MadisonState
WIZip Code
53717-2730FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of WI Plastic SurgeryOccupation (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
04 / 12 / 2017

Transaction ID : AFE69D3ABA9854A5DB7A

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Osborn, John, M., , MD

Mailing Address 824 Robin Ln

City
SacramentoState
CAZip Code
95864-6141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (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
04 / 12 / 2017

Transaction ID : A6F74D080CE0D46EF963

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Fox, Richard, S., , MDMailing Address 1607 Main Rd
1607C Main RoadCity
WestportState
MAZip Code
02790FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SelfOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2017

Transaction ID : AF0BA4C6359E94E67896

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

400.00

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