

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons Plastypac

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

A. Benvenuti, David, , Dr., MD

Mailing Address 106 Linda Isle

City
Newport BeachState
CAZip Code
92660-7210FEC 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 ▼

50.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	02	2019

Transaction ID : AFECF07E3D64417FAB2

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bruner, Jack, G., Dr., MD

Mailing Address 3741 Random Ln

City
SacramentoState
CAZip Code
95864-1524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Fort Sutter Medical BuildingOccupation (for Individual)
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
12	05	2019

Transaction ID : A345723861EA4432C827

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Mes, Louis, G., Dr., MDMailing Address 213 Bendel Rd
Rm 203City
LafayetteState
LAZip Code
70503-2929FEC 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 ▼

1200.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	05	2019

Transaction ID : AC4EDCAC6B34B4B37B32

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

650.00

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