

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 32

<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. Glasberg, Scot, Bradley, Dr., MD, FACS**Mailing Address 900 Park Ave  
Apt 19ABCity  
New YorkState  
NYZip Code  
10075-0231FEC 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 ▼

360.00

Date of Receipt

M M	D D	Y Y Y Y
04	01	2019

Transaction ID : A92E921CCA5DF426997D

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

**B. Calianos, Theodore, A., , MD**

Mailing Address 151 Whitmar Rd

City  
CotuitState  
MAZip Code  
02635-2931FEC 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
04	01	2019

Transaction ID : AC60FB0F0F65D4E4681A

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**c. Shale, Christopher, M., Dr., MD**Mailing Address 1509 E 4700 S  
1509 E 4700 SCity  
OgdenState  
UTZip Code  
84403FEC 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
04	06	2019

Transaction ID : A9025A98E50824419B85

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

340.00

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