

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

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

FOR LINE NUMBER: PAGE 7 OF 16

(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. Johnson, Debra, J., Dr., MD

Mailing Address 3500 Cutter Way

City  
SacramentoState  
CAZip Code  
95818-4442FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
The Plastic Surgery CenterOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2019

Transaction ID : A30499774A1D44B15A9F

Amount of Each Receipt this Period

83.33

☐ 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 GroveState  
NJZip Code  
07009-1641FEC 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 ▼

400.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2019

Transaction ID : A75FFA7C483294D42A0E

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

c. 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 ▼

720.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 01 / 2019

Transaction ID : A00179C6CB8784537BBA

Amount of Each Receipt this Period

90.00

☐ Memo Item

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

223.33

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