REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The Political Action Committee of the American Society of Plastic Surgeons, Inc. "PlastyPAC"

ADDRESS (number and street) ☐ Check if different than previously reported
444 E. Algonquin Rd.

CITY, STATE and ZIP CODE
Arlington Heights, IL 60005

2. FEC IDENTIFICATION NUMBER
C00247342

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 01/01/00 through 03/31/00		
6. (a) Cash on Hand January 1, 2000		$ 110,544.09
(b) Cash on Hand at Beginning of Reporting Period	$ 110,544.09	
(c) Total Receipts (from Line 19)	$ 3,834.00	$ 3,834.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 114,378.09	$ 114,378.09
7. Total Disbursements (from Line 30)	$ 18,989.16	$ 18,989.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 95,388.93	$ 95,388.93
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: William F. Seward, Assistant Treasurer

Signature of Treasurer: Bill Seward

Date: 2-22-01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE0AN099

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: The Political Action Committee of the American Society of Plastic Surgeons, Inc. "PlastyPAC"

REPORT COVERING PERIOD FROM 01/01/00 TO 03/31/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	$700.00	$700.00	11(a)(i)
ii. Unitemized	$3,134.00	$3,134.00	11(a)(ii)
iii. Total (add i and ii) ➤	$3,834.00	$3,834.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	$3,834.00	$3,834.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$3,834.00	$3,834.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$3,834.00	$3,834.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	$18,906.00	$18,906.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	$83.16	$83.16	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$18,989.16	$18,989.16	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$18,989.16	$18,989.16	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$3,834.00	$3,834.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$3,834.00	$3,834.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

The Political Action Committee of the American Society of Plastic Surgeons Inc., "PlastyPAC"

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nadia Blanchet, MD Suite B-1 9210 Forest Hill Ave. Richmond, VA 23235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	1-14-00	$300.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Haeck, MD Suite 1650 Boren Ave Seattle, WA 98104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 400.00	1-14-00	$400.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $700.00

FEBAN103

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 13
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The Political Action Committee of ~~the American~~ Society of Plastic Surgeons Inc, "PlastyPAC"

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Carolyn McCarthy 1 Fulton Ave, Suite 30 Hempstead, NY 11550	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
C. Full Name, Mailing Address and ZIP Code Sue Kelly for Congress P.O. Box 599 Katonah, NY 10536	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	500.00
D. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	500.00
E. Full Name, Mailing Address and ZIP Code Robb for U.S. Senate 424 C. ST. N.E. Washington, DC 20002	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
F. Full Name, Mailing Address and ZIP Code Rangel for Congress 2000 P.O. Box 5577 Manhattanville STA New York, NEW York 10027	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
G. Full Name, Mailing Address and ZIP Code Abraham for Senate 2000 26555 Evergreen Rd. #1220 Southfield, MI 48076	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
H. Full Name, Mailing Address and ZIP Code Deldine for Senate 145 E. Rich ST. Columbus, OH 43215	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3-8-00	1,000.00
I. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, New Jersey 07740	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00

SUBTOTAL of Disbursements This Page (optional) $8,000.00

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 13

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The Political Action Committee of The American Society of Plastic Surgeons, Inc. "PlastyPAC"

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. People for Gonske 521 E. Locust ST. Des Moines, IA 50309	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	2,906.00
B. Friends of Sherrod Brown P.O. Box 2884 Washington, DC 20013	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3-8-00	1,000.00
C. Campaign to Re Elect Nancy Johnson P.O. Box 1986 New Britain, CT 06050	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
D. Martin Frost Campaign Committee 4 E. Street, SE Washington, DC 20003	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
E. Bachus for Congress Committee P.O. Box 59444 Birmingham, AL 35259	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	500.00
F. Citizens for Gilman P.O. Box 3001 Middletown, NY 10940	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	500.00
G. Anna Eshoo's ReElection Campaign Committee 530 Howard St., #250 San Francisco, CA 94105	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	3-8-00	500.00
H. Friends of Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00
I. Jeffords for Vermont Committee P.O. Box 246 Montpelier, VT 05601	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-8-00	1,000.00

SUBTOTAL of Disbursements This Page (optional) $9,406.00

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

FEC Form 3X

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The Political Action Committee of the American Society of Plastic Surgeons Inc. "Plasty PAC"

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Santorum Victory Committee 425 Second St., NE Washington, DC 20002	Disbursement for: [X] Primary [ ] General [ ] Other (specify)		$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crenshaw for Congress 1 Independent Dr. Suite 100-184 Jacksonville, FL 32202	Disbursement for: [X] Primary [ ] General [ ] Other (specify)		$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $1,500.00

TOTAL This Period (last page this line number only) $18,906.00

FEMM-M

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 2-23-01
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 2-27-01

(6/2000)