REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 FEB 27 P 2:17

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
C00249342

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 7/1/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19____		$ 102,474.10
(b) Cash on Hand at Beginning of Reporting Period	$ 107,086.40	
(c) Total Receipts (from Line 19)	$ 15,704.00	$ 37,420.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 122,790.40	$ 139,894.10
7. Total Disbursements (from Line 30)	$ 10,152.31	$ 27,256.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 112,638.09	$ 112,638.09
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: [signature]

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)

FECWN099

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 7/1/99 TO: 12/31/99

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)	$10,217.00	$13,917.00	11(a)(i)
ii. Unitemized	$5,487.00	$23,503.00	11(a)(ii)
iii. Total: (add i and ii) ➤	$15,704.00	$37,420.00	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) ➤			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) ➤	$15,704.00	$37,420.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$15,704.00	$37,420.00	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	$10,000.00	$27,000.00	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	$152.31	$256.01	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$10,152.31	$27,256.01	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$10,152.31	$27,256.01	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$15,704.00	$37,420.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	$15,704.00	$37,420.00	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

FE6AN000

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

FOR LINE NUMBER

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bruce Ackamer, MD 1140 W. LaVetta ave. Suite 810 Orange, CA 92868	Self Physician	11-23-99	200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450.00		
B. Hilton Adler, MD 181 Bellemeade Rd. Ste. 6 E. Setauket, NY 11733	Self Physician	11-23-99	200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Patrick Antell, MD 850 Park ave New York, NY 10021	Self Physician	11-25-99	201.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 402.00		
D. Glenn Becker, MD 109 E. 61st St. New York, NY 10021	Self Physician	11-24-99	201.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 201.00		
E. Jack Bruner, MD 95 Scripps Dr. Sacramento, CA 95825	Self Physician	8-5-99 12-28-99	1,000.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,100.00		
F. Raj Chowdary, MD 1230 S. Cedar Crest Blvd. Ste. 204 Allentown, PA 18103	Self Physician	12-28-99	200.00
Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
G. Jeffrey Colyer, MD Suite 240 5520 College Blvd. Overland Park, KS 66211	Self Physician	11-25-99	225.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 225		

SUBTOTAL of Receipts This Page (optional) 2,227.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Chris Crofts, MD Suite 100 3311 N. University Provo, UT 84604 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	11-25-99	300.00
B. James Cullington, MD 1010 W. 9th St. Austin, TX 78703 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	8-5-99	200.00
C. Joseph DeBellis, MD 80 Sanford Place Southampton, NY 11968 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	11-25-99	300.00
D. Gregory Dick, MD 13312 Beale Creek Ct. Rockville, MD 20850 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	12-28-99	200.00
E. Kenneth Dieffenbach, MD Suite 920 2633 Napoleon Ave New Orleans, LA 70115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	11-23-99	200.00
F. Donald Ditmars, MD 2799 W. Grand Blvd. Detroit, MI 48202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	12-28-99	200.00
G. James Fox, MD 3901 Medical Pkwy. STE. 300 Austin, TX 78756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $ 300.00	11-23-99	300.00

SUBTOTAL of Receipts This Page (optional) > 1,700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 15

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Garritano, MD 6674 Tippecanoe Rd. Canfield, OH 44406	Self / Physician	12-28-99	200.00
B. Todd Hewel III, MD 2600 W. River Dr. St. Charles, IL 60174	Self / Physician	12-29-99	200.00
C. Patrick Hodges, MD Suite 206 8320 Walnut Hill Dallas, TX 75231	Self / Physician	12-28-99	300.00
D. Christine Horner-Taylor, MD 3005 Dixie Highway Ste. 240 Edgewood, KY 41017	Self / Physician	11-23-99	200.00
E. Ronald Iverson, MD 1387 Santa Rita Rd. Pleasanton, CA 94566	Self / Physician	12-28-99	200.00
F. Dean Johnston, MD 4106 W. Lake Mary Blvd Ste. 212 Lake Mary, FL 32746	Self / Physician	12-29-99	300.00
G. Cristina Kausch, MD 950 Glades Rd Glades Tower 1, Suite 3A Boca Raton, FL 33431	Self / Physician	12-29-99	300.00

Receipt For: ☑ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date: A $ 250.00; B $ 250.00; C $ 300.00; D $ 250.00; E $ 450.00; F $ 300.00; G $ 300.00

SUBTOTAL of Receipts This Page (optional) 1,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 15

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Larson, MD 9200 W. Wisconsin Ave Medical College Wisconsin Milwaukee, WI 53226 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 450.00	9-4-99 9-30-99 10-30-99 11-22-99	200.00
B. Hans Lee, MD Suite 200 415 Morris St. Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 300.00	12-28-99	200.00
C. Carl Lentz, MD 120 N. Seneca St. Daytona Beach, FL 32114 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 500.00	11-13-99	500.00
D. Dennis Lynch, MD 2401 S. 31st St. Temple, TX 76508 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 450.00	11-23-99 8-5-99	450.00
E. Michael McGuire, MD 1301 20th St ST. 460 Santa Monica, CA 90404 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 540.00	8-4-99 8-30-99 9-30-99 11-22-99 12-28-99	240.00
F. William Newton, MD 529 Gaslight Blvd. Lufkin, TX 75904 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 300.00	11-23-99	300.00
G. John Osborn, MD 95 Scripps Dr. Sacramento, CA 95825 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 200.00	11-23-99	200.00

SUBTOTAL of Receipts This Page (optional) > 2,090

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

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David Pratt, MD Suite 402 810 Biesterfield Rd. Elk Grove, IL 60007 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 500.00	12-29-99	500.00
B. Regina Rosenthal, MD Suite 206 3803 S. Bascom Ave Campbell, CA 95008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 400.00	12-28-99	200.00
C. David Ross, MD 100 E. Pelaware 15th Floor Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $	8-5-99	300.00
D. Ernesto Ruas, MD 2727 W. MLK Blvd. Ste. 510 Tampa, FL 33607 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 400.00	8-5-99 12-28-99	400.00
E. Jeanne Scanland, MD 725 Glenwood Dr. Ste 680-East Chattanooga, TN 37404 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 700.00	11-23-99	500.00
F. Kenneth Shabeen 201 W. Big Beaver Suite 1060 Troy, MI 48084 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	12-29-99	200.00
G. Daniel Zeichner 117 Marys Ave. Ste 105 Kingston, NY 12401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $	11-25-99 12-29-99	400.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (last page this line number only) 10,217

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

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
Snowe for Senate P.O. Box 2000 Portland, ME 04101	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7-7-99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Whitman for US Senate 3131 Princeton Pike Building 4, Ste. 215 Lawrenceville, NJ 08648	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	8-16-99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lincoln Diaz Balart for Congress 9797 NW 41st St., Ste. 131 Miami, FL 33178	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coble for Congress Committee P.O. Box 1197 Greensboro, NC 27402	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stupak for Congress P.O. Box 143 Menominee, MI 49858	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Connie Mack P.O. Box 23264 Tampa, FL 33623	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Foley P.O. Box 30505 Palm Beach Gardens, FL 33420	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennedy for Senate 426 C St., NE The Rear Building	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,500

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

FEBAN121

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 12

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"

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Jeffords For Vermont Committee P.O. Box 246 Hinesburg, VT 05601	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Dick Durbin P.O. Box 1949 Springfield, IL 62705	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	1,000.00
C. Full Name, Mailing Address and ZIP Code Snowe For Senate P.O. Box 2000 Portland, ME 04101	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-15-99	1,000.00
D. Full Name, Mailing Address and ZIP Code Brian Bilbray For Congress 970 Seacoast Dr. Imperial Beach, CA 91932	Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12-20-99	500.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 3,500.00

TOTAL This Period (last page this line number only) 10,000.00

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	2-23-01 DATE PREPARED

(6/2000)