REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEB 7 1 11 [illegible] '94

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

ADDRESS (number and street) ☐ Check if different than previously reported
444 East Algonquin Road

CITY, STATE and ZIP CODE
Arlington Heights, IL 60005

2. FEC IDENTIFICATION NUMBER
C 00249342

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of

☐ Thirtieth day 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 July 1, 1993 through December 31, 1993		
6. (a) Cash on Hand January 1, 19 93		$ 152,493.72
(b) Cash on Hand at Beginning of Reporting Period	$ 149,032.86	
(c) Total Receipts (from Line 19)	$ 12,771.04	$ 14,310.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 161,803.90	$ 166,803.90
7. Total Disbursements (from Line 30)	$ 4,500.00	$ 9,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 157,303.90	$ 157,303.90
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 202-219-3420

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
Dave Fellers, CAE, Assistant Treasurer

Signature of Treasurer
[signature]

Date
1/31/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: The Political Action Comm of the American Society of Plastic and Reconstructive Surgeons Inc "PlastyPAC"

REPORT COVERING PERIOD FROM: 7/1/93 TO: 12/31/93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	$10,625.00	$10,625.00
i. Itemized (use Schedule A)		
ii. Unitemized		
iii. Total (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	760.00	760.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1,386.04	2,925.18
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	12,771.04	14,310.18
20. Total Federal Receipts (subtract line 18 from line 19) ➤	12,771.04	14,310.18
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	9,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,500.00	9,500.00
31. Total Federal Disbursements (subtract line 26 and from line 30) ➤	4,500.00	9,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

7 4 0 3 5 3 1 0 7 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (In Full): The Political Action Committee of the American Society of Plastic and Reconstructive Surgeons, Inc. (ASPRS)(PlastyPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Pat E. Burlison, MD 201 Sivley Rd Huntsville, AL 35801 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
B. Leonard Avedian, MD 5 Deerwood East Irvine, CA 92714 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
C. Martin Becker, MD 30 Walpole St. Norwood, MA 02062 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
D. Jorge Bergese, MD 705 Clifton Blvd. Mansfield, OH 44907 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 150	12/27/93	$150
E. Garry S. Brody, MD 219 Tildere Ave. Los Angeles, CA 90049 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 250	12/27/93	$250
F. William Carter, MD 2701 W. Martin Luther King Tampa, FA 33607 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
G. Deason Dunagan, MD 303 Williams Ave. Suite 1421 Huntsville, AL 35801 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100

SUBTOTAL of Receipts This Page (optional) $900

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 12

FOR LINE NUMBER 11.a.i

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Edward S. Truppman, MD 1000 N. E. 163rd St. St. 403 N. Miami Beach, Fl 33162 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
B. Scott Tucker, MD 175 Charlois Blvd. Suite 102 Winston Salem, NC 27103 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/5/93	$100
C. David Turner, MD 4200 Marathon Suite 201 Austin, TX 78756 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
D. Alan Weiss 1600 S. Crain Hwy #808 GlenBurnse, MD 21061 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 125	12/6/93	$125
E. James H. Wells, MD 2880 Atlantic Ave. Suite 290 Long Beach, CA 90806 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
F. Gregory B. Wingaze, MD 3301 N. Second St. Phoenix, AZ 85012 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
G. Jerrold Zeitels, MD 522 E. Broad St. Westfield, NJ 07090 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100

SUBTOTAL of Receipts This Page (optional)	$725
TOTAL This Period (last page this line number only)	

94 3 8 3 3 1 0 7 7

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 12

FOR LINE NUMBER 11.a.i

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Harold Mc Donald MD 2999 Regent St. Suite 6228 Berkeley, CA 94706 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
B. D. Ralph Millard, Jr., MD 1444 N.W. 14th Avenue Miami, FL 33125 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
C. L. Christian Mogelvany, MD PO Box 3316 Naples, FL 33939 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
D. Farhad Rafizadeh, MD 101 Madison Avenue Mornstown, NJ 07960 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
E. Bradford C. Roberg, MD 690 E. Terra Cotta Ave Suite C Cyrstal Lake IL 60014 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
F. John Smith, MD 3612 Lalee Avenue Wilmette, IL 60001 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
G. Fred Thomas, MD 1296 Sims St. Gainesville, GA 30501 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100

SUBTOTAL of Receipts This Page (optional)	$700
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 4 OF 12

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Curtis A. Julaala, MD PO Box 1475 Bismarck, ND 58502 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 500	12/6/93	$500
B. Dean Johnston, MD 4106 W. Lake Mary #212 Lake Mary, FL 32746 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
C. Michael Kamper, MD 1329 Santiago Drive Newport Beach, CA 92660 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
D. Frederick Leist, MD 2600 Cherry Ave Bremerton, WA 98310 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
E. Dennis J. Lynch, MD 3109 Hemlock Temple, TX 76502 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 250	12/6/93	$250
F. Mark Mandel, MD 950 S. Fairfax Los Angeles, CA 90035 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100
G. Bradley L. Manning, Jr., MD 5719 Odana Rd Madison, WI 53719 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/6/93	$100

SUBTOTAL of Receipts This Page (optional) $1,250

TOTAL This Period (last page this line number only)

24351079

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 12

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William Conklin, MD Fifth Avenue Medical Center 5th and Evans Ave. McKeesport, PA 15132 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
B. William Doebler, MD 533 Michigan Ave Holland, MI 49423 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
C. Donald Dombrowski, MD 3000 W. Charleston Blvd Las Vegas, NV 89102 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
D. Richard Edison, MD 3109 Stirling Rd. #100 Ft. Lauderdale, FL 33312 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
E. John G. Elmquist, MD 1639 Forum Pl Suite 7 West Palm Beach, FL 33401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
F. Kenneth Hunter, MD 1150 Brookside, #K Redlands, CA 92373 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100
G. Joseph M. Jabbour, MD 20 Fifth Ave New York, NY 10011 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/6/93	$100

SUBTOTAL of Receipts This Page (optional)	$700
TOTAL This Period (last page this line number only)	

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Philip G. Lambrusch, MD 1425 N. McLean Elgin, IL 60123 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100.00	12/6/93	$100.00
B. David Martin, MD 7777 Forest Lane C642 Dallas, TX 75230 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/6/93	$100
C. Bruce Achauer, MD 1140 W. LaVeta Ave Suite 810 Orange, CA 92668 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/6/93	$100
D. Sherrell J. Asten, MD 728 Park AVe New York, NY 10021 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250	12/6/93	$250
E. Lawrence Bowen, MD 100 Dudley St. Providence, RI 02905 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/6/93	$100
F. Glenn S. Buckspan, MD 111 Belle Meade Blvd Nashville, TN 37205 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/6/93	$100
G. John Butler, MD Suite 202 425 Pine Ridge Blvd Wausau, WI 54401 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/6/93	$100

SUBTOTAL of Receipts This Page (optional) $850

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

94030131

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11.a.i

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Nathan Mayl, MD 51 S. Compass Drive Ft. Lauderdale, FL 33308 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Physician Aggregate Year-to-Date $ 250.00	12/06/93	$250.00
B. Allen Rosen, MD 65 Roosevelt Blvd. N. Caldwell, NJ 07006 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100.00	12/06/93	$100.00
C. Helen C. Colen, MD 784 Park Avenue New York, NY 10021 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100.00	12/6/93	$100.00
D. Stephen R. Colen 812 Park Avenue New York, NY 10021 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100.00	12/6/93	$100.00
E. Bruce Genter, MD 1250 Greenwood Avenue Suite 10 Jenkintown, PA 19046 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100.00	12/6/93	$100.00
F. Mark S. Granick, MD 3300 Henry AVe Philadelphia, PA 19129 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100.00	12/6/93	$100.00
G. Peter Grothaw 2401 S. 31st St. Temple, TX 76508 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100.00	12/6/93	$100.00

SUBTOTAL of Receipts This Page (optional)	$850
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

FOR LINE NUMBER 11.a.1

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Arthur D. Jabs, Jr., MD 333 Kennedy Drive Torrington, CT 06790 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00
B. Fred Suess, MD 4141 Geary Blvd., #301 San Francisco, CA 94118 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00
C. Farrokh-Shafaie, MD 33 Overlook Rd., Suite 302 Summit, NJ 07901 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00
D. Joseph Serota, MD 1455 S. Potomac, #201 Aurora, CO 80012 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00
E. Ali Seif, MD 1200 S. 2nd, 2-A McAllen, TX 78501 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00
F. Robert Reiffel, MD 12 Greenridge Ave. White Plains, Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00
G. Peter Neumann, MD 935 Northern Blvd. Great Neck, NY 11021 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date > $ 100.00	12/06/93	$100.00

SUBTOTAL of Receipts This Page (optional) $700

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

7 4 3 8 1 0 3 3

SCHEDULE A **ITEMIZED RECEIPTS**

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PAGE 9 OF 12

FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (In Full) The Political Action Committee of the American Society of Plastic and Reconstructive Surgeons, Inc. (ASPRS)(PlästyPac)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Duas, Jr MD 2860 A Dauphin St. Mobile, AL 36606 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 250	12/27/93	$250
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael C. Glafkides, MD 1001 Sneath Lane Ste 200 San Bruno, CA 94066 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/27/93	$100
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
F. Peter Hixson, MD 725 Irving Ave. Ste 314 Syracuse, NY 13210 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/27/93	$100
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lovic W. Hobby MD 35 Collier Rd. NW #485 Atlanta, GA 30309 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/27/93	$100
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Linda Huang 1578 Humboldt Denver, CO 80218 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/27/93	$100
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael Jimenez, MD 703 Shore Rd. Northfield, NJ 08225 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/27/93	$100
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Charles R. Bales, MD 750 E. Adams Syracuse, NY 13210 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date: $ 100	12/27/93	$100

SUBTOTAL of Receipts This Page (optional) $850

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

FOR LINE NUMBER 11.a.i

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 and Reconstructive Surgeons, Inc. (ASPRS)(PlastyPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Pool, MD 800 South Adams Birmingham, MI 48009 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
B. Mark P. Solomon, MD 965 Dale Road Meadowbrook, PA 19046 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
C. Jason H. Solomon, M.D. 6128 Van Alstine Avenue Carmichael, CA 95608 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
D. Milton M. Rowley, M.D. 3519 22nd Place Lubbock, TX 79410 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
E. Diane L. Gerber, M.D. 19150 Kedzie Avenue P. O. Box 385 Flossmoor, IL 60422 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
F. Stephen P. Beals, M.D. 5360 E. Rockridge Road Phoenix, AZ 85018 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year to Date > $ 100	12/27/93	$100
G. Calvin R. Peters, M.D. 2501 N. Orange Ave., Suite 310 Orlando, FL 32804 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100

SUBTOTAL of Receipts This Page (optional) $700

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

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FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (In Full) The Political Action Committee of the American Society of Plastic and Reconstructive Surgeons, Inc. (ASPRS)(PlastyPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Phillip T. George, M.D. 120 Arvida Parkway Coral Gables, FL 33156 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
B. Carl W. Lentz, III, M.D. 120 N. Seneca Street Daytona Beach, FL 32114 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 500	12/27/93	$500
C. John M. Osborn, M.D. 4451 Ashton Drive Sacramento, CA 95864 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
D. Jana K. Rasmussen, M.D. 1060 Powell Drive Riviera Beach, FL 33404 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
E. Thomas S. Davis, M.D. 339 Governor Road Hershey, PA 17033 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
F. Charles Hollingsworth, M.D. 1205 Main Texarkana, TX 75501 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 100	12/27/93	$100
G. Stephen C. LeSauvage, M.D. 6120 Quail Creek Tyler, TX 75703 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Physician Aggregate Year-to-Date $ 250	12/27/93	$250

SUBTOTAL of Receipts This Page (optional) $1250

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

FOR LINE NUMBER 11.a.i

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NAME OF COMMITTEE (In Full): The Political Action Committee of the American Society of Plastic and Reconstructive Surgeons, Inc. (ASPRS)(PlastyPac)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Donald M. Ditmars, Jr., M.D. 455 Lincoln Road Grosse Pointe, MI 48230 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
B. Laurence Kirwan, M.D. 605 West Avenue Norwalk, CT 06851 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250	12/27/93	$250
C. Stephen J. Heroeg, M.D. 2101 N. Front St., Bldg. #4 Harrisburg, PA 17100-1098 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
D. Richard D. Howard 1200 S. Euclid Ave., #306 Sioux Falls, SD 57105 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
E. Joseph V. Bocchino 144 St. Paul Street Westfield, NJ 07090 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 500	12/27/93	$500
F. John E. Griggs, M.D. 299 Carew Street Springfield, MA 01104 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 100	12/27/93	$100
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Self Occupation: Physician Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$1,150
TOTAL This Period (last page this line number only)	$10,625

24 5 6 4 3 1 0 3 7

SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) The Polital Action Committee of theAmerican Society of Plastic and Reconstructive Surgeons, Inc. (ASPRS) "PlastyPAC"

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
1st Chicago Bank of Mt. Prospect Mt. Prospect, IL 60056	Interest Income	7/31/93 8/31/93 9/30/93 10/31/93 11/30/93 12/31/93	261.04 236.62 218.11 225.71 216.62 228.04
Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest Income	Aggregate Year-to-Date > $1,386.04		
B. 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 > $		
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) $1,386.04

TOTAL This Period (last page this line number only) $1,386.04

93031172

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The Political Action Committee of theAmerican Society of Plastic and Reconstructive Surgeons, Inc. (ASPRS) "PlastyPAC"

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Fred Grandy for Congress Comm(IA) 2418 Davis Ave. Alexandria, VA 22302	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/93	$500
B. The Committee for Sam Gibbons(FL) 4603 Wishart Blvd Tampa, FL 33603	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
C. Bliley For Congress (VA) PO Box 17095 Richmond, VA 23226	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
D. Woosley for Congress (CA) PO Box 750176 Petaluma, CA 94975-0176	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
E. John Lewis For Congress (GA) PO Box 2323 Atlanta, GA 30301	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
F. Friends of Jerry Flezka (WI) 4200 Christine Place Alexandria, VA 22311	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
G. Vukanovich for Congress (NV) 1200 N. Veitch #628 Arlington, VA 22201	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
H. Friends of Franks (CT) PO Box 2743 Waterbury, CT 06723	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500
I. The Jefferson Committee 650 Poydras St. Suite 2245 New Orleans, LA 70130	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/93	$500

SUBTOTAL of Disbursements This Page (optional) $4,500

TOTAL This Period (last page this line number only) $4,500

74343-0317

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
☑	Registered/Certified Mail	POSTMARKED 2/4/94
☐	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

E.S.
PREPARER

2/4/94
DATE PREPARED

FEC FORM 70-2 (12/92)