FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

ADDRESS (number and street) ▼ 444 EAST ALGONQUIN RD

Check if different than previously reported. (ACC)

CITY ▲ ARLINGTON HEIGHTS STATE ▲ IL ZIPCODE ▲ 60005

2. **FEC IDENTIFICATION NUMBER** ▼ C00249342

3. IS THIS REPORT — NEW (N) X **OR** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:
- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:
- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)
Election on ____ in the State of ____

(d) 30-Day **Post**-Election Report for the: X General (30G) Runoff (30R) Special (30S)
Election on 11 02 2004 in the State of IL

5. Covering Period 10 01 2004 through 11 22 2004

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 Mr. William Seward

Signature of Treasurer Electronically Filed by Mr. William Seward Date 11 24 2004

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Report Covering the Period: From: 10 01 2004 To: 11 22 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		72023.07
(b) Cash on Hand at Begining of Reporting Period	40984.17	
(c) Total Receipts (from Line 19)	5755.00	124533.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46739.17	196556.07
7. Total Disbursements (from Line 31)	25590.05	175406.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21149.12	21149.12
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Report Covering the Period: From: 10 01 2004 To: 11 22 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4025.00	
(ii) Unitemized	1730.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	5755.00	124533.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶	5755.00	124533.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5755.00	124533.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5755.00	124533.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	8531.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	8531.29
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	25500.00	165000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	90.05	1875.66
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25590.05	175406.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	25590.05	175406.95

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5755.00	124533.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5755.00	124533.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6531.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	6531.29

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial): Hilton Adler, MD
Mailing Address: 179 Belleneade Rd., Ste. 1
City: East Setauket | State: NY | Zip Code: 11733
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 10 20 2004
Transaction ID: SA11A1.9325
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Dr. Robert Anderson
Mailing Address: 800 12th Ave., Ste. 100
City: Fort Worth | State: TX | Zip Code: 76104
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 11 2004
Transaction ID: SA11A1.9368
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial): Dr. Jay Burns
Mailing Address: 411 N. Washington, Ste. 6000
City: Dallas | State: TX | Zip Code: 75246
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 05 2004
Transaction ID: SA11A1.9336
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial)
Dr. John Farella
Mailing Address 888 Lexington Ave., Ste. 104
City: Mt. Kisco State: NY Zip Code: 10549
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 09 2004
Transaction ID: SA11A1.9322
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial)
Dr. Peter Hyams
Mailing Address 120 Summit Ave.,
City: Summit State: NJ Zip Code: 07901
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 12 2004
Transaction ID: SA11A1.9318
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
James Kadi, MD, DDS
Mailing Address 3537 S. Interstate 35, Suite 318
City: Denton State: TX Zip Code: 76205
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2004
Transaction ID: SA11A1.9333
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 14
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial)
Brett Lehocky, MD
Mailing Address 838 Forest Ct.
City: Redlands State: CA Zip Code: 92373
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 30 2004
Transaction ID: SA11A1.9309
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial)
Paul-' LoVerme, MD
Mailing Address 825 Bloomfield Ave, Ste. 205
City: Verona State: NJ Zip Code: 07044
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 10 22 2004
Transaction ID: SA11A1.9366
Amount of Each Receipt this Period: 375.00

C.
Full Name (Last, First, Middle Initial)
Robert Miller, MD
Mailing Address 105 Collier Rd., Ste. 3D10
City: Atlanta State: GA Zip Code: 30309
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 03 2004
Transaction ID: SA11A1.9304
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 775.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Donald Morris
Mailing Address 235 Cypriss St., Ste. 210
City: Brookline State: MA Zip Code: 02445
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 24 2004
Transaction ID: SA11A1.9307
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. Sumanth Pegadala
Mailing Address 2200 North Ave.
City: Columbus State: GA Zip Code: 31904
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 06 2004
Transaction ID: SA11A1.9313
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial)
Debra Ann Reilly, MD
Mailing Address 1119 Howard St. Apt. 302
City: Omaha State: NE Zip Code: 68102
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 18 2004
Transaction ID: SA11A1.9320
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 14
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial)
Kimberly Short, MD
Mailing Address 8051 S. Emerson Ave., Ste. 175
City: Indianapolis State: IN Zip Code: 46237
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 27 2004
Transaction ID: SA11A1.9367
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Miguel Yanez, MD
Mailing Address Torre Auxillio Mutuo, Ste. 414
735 Ponce De Leon
City: San Juan State: PR Zip Code: 00917
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 05 2004
Transaction ID: SA11A1.9305
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶	600.00
TOTAL This Period (last page this line number only) ..... ▶	4025.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A. Full Name (Last, First, Middle Initial): BOUSTANY, CHARLES W JR
Mailing Address: 331 BEVERLY DRIVE
City: LAFAYETTE State: LA Zip Code: 70503
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: LA District: 07
Disbursement For: 2004 Primary General X Other (specify) Runoff
Transaction ID: SB23.9362
Date of Disbursement: 11/17/2004
Amount of Each Disbursement this Period: 3000.00

B. Full Name (Last, First, Middle Initial): CITIZENS FOR BUNNING
Mailing Address: 1717 DIXIE HIGHWAY SUITE 180
City: FT WRIGHT State: KY Zip Code: 41011
Purpose of Disbursement: Redesignate:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: KY District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.9206
Date of Disbursement: 10/04/2004
Amount of Each Disbursement this Period: -5000.00
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial): CITIZENS FOR BUNNING
Mailing Address: 1717 DIXIE HIGHWAY SUITE 180
City: FT WRIGHT State: KY Zip Code: 41011
Purpose of Disbursement: Redesignate:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: KY District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.9207
Date of Disbursement: 10/04/2004
Amount of Each Disbursement this Period: 5000.00
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial): JUDD GREGG COMMITTEE
Mailing Address: PO BOX 1812
City: CONCORD State: NH Zip Code: 03302
Purpose of Disbursement / Redesignate:
Candidate Name
Category/Type
Office Sought: House / X Senate / President
State: NH District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.9298
Date of Disbursement: 11 / 12 / 2004
Amount of Each Disbursement this Period: -2500.00
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): JUDD GREGG COMMITTEE
Mailing Address: PO BOX 1812
City: CONCORD State: NH Zip Code: 03302
Purpose of Disbursement / Redesignate:
Candidate Name
Category/Type
Office Sought: House / X Senate / President
State: NH District: 00
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.9299
Date of Disbursement: 11 / 12 / 2004
Amount of Each Disbursement this Period: 2500.00
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): MARTINEZ FOR SENATE
Mailing Address: PO BOX 536178
City: ORLANDO State: FL Zip Code: 32853
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: House / X Senate / President
State: FL District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.9357
Date of Disbursement: 10 / 17 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A. Full Name (Last, First, Middle Initial)
SPECIAL TEAMS 2004 COMMITTEE

Mailing Address PO BOX 75103

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: SB23.9375

Date of Disbursement 10 / 17 / 2004

Amount of Each Disbursement this Period 20000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 20000.00

TOTAL This Period (last page this line number only) ▶ 25500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A. Full Name (Last, First, Middle Initial)
National Processing Company

Mailing Address: Electronic Data Resources
1231 Durrett Ln.

City: Louisville
State: KY
Zip Code: 40213

Purpose of Disbursement: Credit Card Merchant Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.9347
Date of Disbursement: 10 / 29 / 2004

Amount of Each Disbursement this Period: 90.05

SUBTOTAL of Disbursements This Page (optional) ..... ▶	90.05
TOTAL This Period (last page this line number only) ..... ▶	90.05