REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The Political Action Committee of The American Society of Plastic and Reconstuctive 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
C00249342

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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 1/1/97 through 6/30/97		
6.	(a) Cash on Hand January 1, 19 97		$ 116,696.32
	(b) Cash on Hand at Beginning of Reporting Period	$ 116,696.32	
	(c) Total Receipts (from Line 19)	$ 16,239.09	$ 16,239.09
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 132,935.41	$ 132,935.41
7.	Total Disbursements (from Line 30)	$ 5,500.00	$ 5,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 127,435.41	$ 127,435.41
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 202-376-3120

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

Date 7/23/97

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 1/1/91)

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 and Reconstructive Surgeons, Inc. "PlastyPAC"

REPORT COVERING PERIOD FROM 1/1/97 TO: 6/30/97

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,700.00	3,700.00
ii. Unitemized	11,605.00	11,605.00
iii. Total (add i and ii) ➤	15,305.00	15,305.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	15,305.00	15,305.00
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	934.09	934.09
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	16,239.09	16,239.09
20. Total Federal Receipts (subtract line 18 from line 19) ➤	16,239.09	16,239.09
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	5,500.00	5,500.00
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) ➤	5,500.00	5,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,500.00	5,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	15,305.00	15,305.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,305.00	15,305.00
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) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

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 and Reconstructive 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
David Chlu 622 W. 168th Street New York, NY 10032 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	Columbia-Pres. Med. Ctr. Physician Aggregate Year-to-Date > $ 500.00	3/18/97	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Connie L. Hiers 615 E. Matthews Jonesboro, AR 72401 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	SELF Physician Aggregate Year-to-Date > $ 250.00	3/18/97	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christine Horner-Taylor 3005 Dixie Highway Edgewood, KY 41017 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	SELF Physician Aggregate Year-to-Date > $ 300.00	3/18/97	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Larson 9200 W. Wisconsin Avenue Milwaukee, WI 53226 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	Medical College of Wisconsin Physician Aggregate Year-to-Date > $ 350.00	6/30/97	350.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Apesos 5441 Four Hill Avenue Dayton, OH 45429 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	SELF Physician Aggregate Year-to-Date > $ 300.00	5/30/97	300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hans Lee 415 Morris Street Charleston, WV 25301 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	SELF Physician Aggregate Year-to-Date > $ 300.00	3/18/97	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Christian Mogelvang 1351 Pine Street Naples, FL 34104 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	SELF Physician Aggregate Year-to-Date > $ 300.00	3/18/97	300.00

SUBTOTAL of Receipts This Page (optional) 2,300.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

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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. Hermann Orlet 1220 George Wilson Drive Augusta, GA 30909 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $ 300.00	3/18/97	300.00
B. Petra Schneider 111 E. Hibiscus Blvd. Melbourne, FL 32901 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $ 300.00	3/17/97	300.00
C. Mark Solomon 1 Bala Plaza Bala Cynward, PA 19004 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	Name of Employer: SELF Occupation: Physician Aggregate Year-to-Date > $ 500.00	6/30/97	500.00
D. Alan Kisner 100 E. Main Street Huntington, NY 11743 Receipt For: [ ] Primary [XXX] General [ ] Other (specify):	Name of Employer: Plastic Surgery Center Occupation: Physician Aggregate Year-to-Date > $ 300.00	3/18/97	300.00
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,400.00
TOTAL This Period (last page this line number only)	3,700.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chet Edwards for Congress PO Box 182 Waco, TX 76703	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/2/97	500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/2/97	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pallone for Congress PO Box 3176 Long Branch, NJ 07740	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/2/97	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Cooksey For Congress Cmte. PO Box 7600 Monroe, LA 71211	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/2/97	1000.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dave Camp For Congress Cmte. PO Box 423 Midland, MI 48640	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	4/2/97	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Rangel For Congress PO Box 5577 365 W. 125th Street New York NY 10027	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/22/97	500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Sue Kelly For Congress 2555 Pennsylvania Ave, NW Washington, DC 20037	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/22/97	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steve RathmanFor Congress 38 Ivy Street, NE Washington, DC 20003	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/22/97	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Strickland For Congress PO Box 580 Lucasville, OH 45648	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/22/97	500.00

SUBTOTAL of Disbursements This Page (optional) 5,000.00

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla PO Box 17292 San Antonio, TX 78217	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/22/97	500.00
B. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
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) 500.00

TOTAL This Period (last page this line number only) 5,500.00

4-00173

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 7/30/97
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

VPV
PREPARER

7/30/97
DATE PREPARED

FEC FORM 70-2 (12/92)