10/14/2004 17 : 30

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 ▲	STATE ▲	ZIPCODE ▲
ARLINGTON HEIGHTS	IL	60005

2. **FEC IDENTIFICATION NUMBER** ▼

C00249342

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- X 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)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	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: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 04 01 2004 through 06 30 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 10 14 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: 04 01 2004 To: 06 30 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	80150.62	
(c) Total Receipts (from Line 19)	31706.00	42730.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	111856.62	114753.07
7. Total Disbursements (from Line 31)	49619.33	52515.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62237.29	62237.29
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: 04 01 2004 To: 06 30 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)	20850.00	
(ii) Unitemized	10856.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	31706.00	42730.00
(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) ..... ▶	31706.00	42730.00
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))	31706.00	42730.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31706.00	42730.00

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	2373.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	2373.50
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	49500.00	49500.00
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	119.33	642.28
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))	49619.33	52515.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	49619.33	52515.78

DETAILED SUMMARY PAGE

of Disbursements

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)	31706.00	42730.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31706.00	42730.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2373.50
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	2373.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 33
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

A.
Full Name (Last, First, Middle Initial)
Dr. Richard Anderson, MD
Mailing Address 10210 N. 92nd St
City: Scottsdale State: AZ Zip Code: 85258
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: 05 29 2004
Transaction ID: SA11A1.8520
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Pamela Antoniuk, MD
Mailing Address 120 Dudley St. Ste. 201
City: Providence State: RI Zip Code: 02905
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: 06 03 2004
Transaction ID: SA11A1.8640
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Andrew Barnett, MD
Mailing Address 450 Sutter St., Ste. 1123
City: San Francisco State: CA Zip Code: 94108
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: 06 09 2004
Transaction ID: SA11A1.8535
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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

A.
Full Name (Last, First, Middle Initial): Vibhakar Baxi, MD
Mailing Address: 1031 McBride Ave., Ste. D204
City: West Patterson | State: NJ | Zip Code: 07424-2559
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: 06 26 2004
Transaction ID: SA11A1.8565
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Samuel Bern, MD
Mailing Address: 1280 South Victoria Ave., Ste. 2D1
City: Ventura | State: CA | Zip Code: 93003
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: 06 02 2004
Transaction ID: SA11A1.8518
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): John Barry Bishop, MD
Mailing Address: 24 Memorial Medical Dr.
City: Greenville | State: SC | Zip Code: 29605
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: 04 13 2004
Transaction ID: SA11A1.8490
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 600.00

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)
John Bruno, MD
Mailing Address 2885 Swamp Cabbage Court
City: Fort Myers | State: FL | Zip Code: 33901-9331
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: 625.00
Date of Receipt: 06 25 2004
Transaction ID: SA11A1.8622
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Joseph Cappella, MD
Mailing Address 545 Island Rd., Ste. 2A
City: Ramsey | State: NJ | Zip Code: 07446
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: 375.00
Date of Receipt: 05 15 2004
Transaction ID: SA11A1.8528
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dr. Asher Carey
Mailing Address 644 S. Queen St.
City: Dover | State: DE | Zip Code: 19904-3585
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: 06 12 2004
Transaction ID: SA11A1.8542
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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)
Richard Carver, MD
Mailing Address 2805 5th Street, Ste. 250
City: Rapid City | State: SD | Zip Code: 57701-7360
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: 06 24 2004
Transaction ID: SA11A1.8623
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Dr. Paul Chasan
Mailing Address 9850 Genesee Ave., Ste. 860
City: La Jolla | State: CA | Zip Code: 92037
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: 06 20 2004
Transaction ID: SA11A1.8598
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Robert Cooper, MD
Mailing Address 77 N. Centre Avenue, Ste. 306
City: Rockville Center | State: NY | Zip Code: 11570
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: 06 18 2004
Transaction ID: SA11A1.8631
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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): Jefferey Darrow, MD
Mailing Address: 170 Commonwealth Ave.
City: Boston | State: MA | Zip Code: 02116
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: 06 18 2004
Transaction ID: SA11A1.8675
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Joseph DiBello, MD
Mailing Address: 2361 Huntingdon Pike
City: Huntingdon Valley | State: PA | Zip Code: 19006
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: 06 22 2004
Transaction ID: SA11A1.8636
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Donald Ditmars, Jr.
Mailing Address: Henry Ford Hospital, 2799 W. Grand Blvd
City: Detroit | State: MI | Zip Code: 48202
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: 06 27 2004
Transaction ID: SA11A1.8578
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1500.00

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)
Deason Dunagan, MD
Mailing Address 303 William Ave., Ste. 1421
City: Huntsville State: AL Zip Code: 35801
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: 06 03 2004
Transaction ID: SA11A1.8604
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial)
Judy Ann Emanuele, MD
Mailing Address 1025 Roanoke Ave.
City: Riverhead State: NY Zip Code: 11901
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: 05 08 2004
Transaction ID: SA11A1.8667
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
F. Nicholas Gahhos, MD
Mailing Address 135 San Marco Drive
City: Venice State: FL Zip Code: 34285-3231
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: 06 11 2004
Transaction ID: SA11A1.8674
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1250.00

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)
Daniel Garriano, Md
Mailing Address 483 S. Briarcliff Dr.
City: Canfield | State: OH | Zip Code: 44406
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: 06 28 2004
Transaction ID: SA11A1.8568
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Peter Gee, MD
Mailing Address 3 Woodland Rd., Ste. 31B
City: Stoneham | State: MA | Zip Code: 02180
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: 06 02 2004
Transaction ID: SA11A1.8697
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Cynthia Glass, MD
Mailing Address 4830 Ambassador Caffery Parkway Suite 305
City: Lafayette | State: LA | Zip Code: 70508
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: 06 04 2004
Transaction ID: SA11A1.8582
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1000.00

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

A.
Full Name (Last, First, Middle Initial)
Dr. Gary Goldstein
Mailing Address 800 Somerdale Rd., Ste. 215
City: Voorhees State: NJ Zip Code: 08043
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: 06 29 2004
Transaction ID: SA11A1.8610
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. Jourden R. Gottlieb, MD
Mailing Address 1600 E. Jefferson St., Ste. 101
City: Seattle State: WA Zip Code: 98122
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: 04 12 2004
Transaction ID: SA11A1.8493
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. Dale Gullory
Mailing Address 39 E. First St.
City: Cookeville State: TN Zip Code: 38501-2478
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: 375.00
Date of Receipt: 06 10 2004
Transaction ID: SA11A1.8510
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1100.00

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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[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. Joseph Hirschfeld

Mailing Address 3000 E. Fletcher Ave., Ste. 260

City: Tampa | State: FL | Zip Code: 33613-4656

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: 06 24 2004

Transaction ID: SA11A1.8644

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Patrick Hodges, MD

Mailing Address 8220 Walnut Hill Ln., Ste. 206

City: Dallas | State: TX | Zip Code: 75231

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: 06 30 2004

Transaction ID: SA11A1.8563

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Roderick Jordan, MD

Mailing Address 2500 Metrohealth Dr.

City: Cleveland | State: OH | Zip Code: 44107

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: 1000.00

Date of Receipt: 06 19 2004

Transaction ID: SA11A1.8678

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

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): David Klein, MD
Mailing Address: 398 Cooperfield Blvd. NE
City: Concord | State: NC | Zip Code: 28025
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Physcian
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 12 2004
Transaction ID: SA11A1.8548
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Andrew Kontrick, MD
Mailing Address: 900 West Moreland Suite A071,107
City: Lake Forest | State: IL | Zip Code: 60045
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: 06 03 2004
Transaction ID: SA11A1.8523
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): James Lin, MD
Mailing Address: 8021 Laguna Blvd., Ste. 3
City: Elk Grove | State: CA | Zip Code: 95758
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation:
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 06 15 2004
Transaction ID: SA11A1.8690
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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 16 / 33
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[ ] 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): Dennis Lynch, MD
Mailing Address: 2361 River Ranch Rd.
City: Temple | State: TX | Zip Code: 76502
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: 06 20 2004
Transaction ID: SA11A1.8662
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Michael McGuire, MD
Mailing Address: 1301 20th Street
City: Santa Monica | State: CA | Zip Code: 90404
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: 06 25 2004
Transaction ID: SA11A1.8551
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Roger Mixter, MD
Mailing Address: 400 W. Silver Spring Dr.
City: Milwaukee | State: WI | Zip Code: 53217
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: 05 29 2004
Transaction ID: SA11A1.8508
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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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[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): Patrick O'Neill, MD
Mailing Address: 96 Jonathan Lucas St., Rm. 426
City: Charleston State: SC Zip Code: 29425
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: 05 29 2004
Transaction ID: SA11A1.8530
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): John Osborn, MD
Mailing Address: 95 Scripps Dr.
City: Sacramento State: CA Zip Code: 95825
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: 06 23 2004
Transaction ID: SA11A1.8635
Amount of Each Receipt this Period: 300.00

C.
Full Name (Last, First, Middle Initial): Dr. Christopher Petronella
Mailing Address: 12727 Kimberley Ln. Suite 300
City: Houston State: TX Zip Code: 77024-4050
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: 05 28 2004
Transaction ID: SA11A1.8512
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1050.00

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 18 / 33
(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)
Lori Polacek, MD
Mailing Address 1524 Atwood Ave., Ste. 343
City: Johnston | State: RI | Zip Code: 02919
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: 06 06 2004
Transaction ID: SA11A1.8534
Amount of Each Receipt this Period: 125.00

B.
Full Name (Last, First, Middle Initial)
Paul Pomeranz
Mailing Address 165 N. Canal, #1213
City: Chicago | State: IL | Zip Code: 60606
FEC ID number of contributing federal political committee: C
Name of Employer: American Society of Plastic Surgeons
Occupation: Executive Director
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 28 2004
Transaction ID: SA11A1.8626
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Julian Pribaz, MD
Mailing Address Division of Plastic Surgery
75 Francis St.
City: Boston | State: MA | Zip Code: 02115
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: 04 10 2004
Transaction ID: SA11A1.8502
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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 19 / 33
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[ ] 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): Normann Rappaport, MD
Mailing Address: 1812 Scurlock Tower
City: Houston | State: TX | Zip Code: 77030
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: 06 29 2004
Transaction ID: SA11A1.8561
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Azra Raziei, MD
Mailing Address: 930 Park Ave.
City: New York | State: NY | Zip Code: 10028
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: 06 30 2004
Transaction ID: SA11A1.8593
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Dr. Francisco Rotolo
Mailing Address: 45 N.W. 4th St.
City: Homstead | State: FL | Zip Code: 33030
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: 06 14 2004
Transaction ID: SA11A1.8594
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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)
Howard** Rosenberg, MD
Mailing Address 12300 Barley Hill Rd
City: Los Altos Hills | State: CA | Zip Code: 94024
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: 05 03 2004
Transaction ID: SA11A1.8585
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. George Sender
Mailing Address 16633 Ventura Blvd., Ste. 110
City: Encino | State: CA | Zip Code: 91436-1834
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: 06 09 2004
Transaction ID: SA11A1.8600
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Gordon Sasaki, MD
Mailing Address 800 Fairmount, Ste. 319
City: Pasadena | State: CA | Zip Code: 91105
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: 06 25 2004
Transaction ID: SA11A1.8577
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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)
Gerald Schneider, MD
Mailing Address 10666 Torrey Pines Rd.
Scripps Clinic
City: La Jolla State: CA Zip Code: 92037-1027
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: 06 19 2004
Transaction ID: SA11A1.8669
Amount of Each Receipt this Period: 300.00

B.
Full Name (Last, First, Middle Initial)
Dr. Kenneth Shaheen, MD
Mailing Address 2585 Crooks Rd.
City: Troy State: MI Zip Code: 48084
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: 05 15 2004
Transaction ID: SA11A1.8529
Amount of Each Receipt this Period: 375.00

C.
Full Name (Last, First, Middle Initial)
Dr. Joel Shanklin
Mailing Address 900 Mohawk St.
City: Savanah State: GA Zip Code: 31419
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: 06 30 2004
Transaction ID: SA11A1.8559
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1175.00

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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[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): John Sherman, MD
Mailing Address: 1016 Fifth Ave.
City: New York | State: NY | Zip Code: 10028-0132
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: 06 30 2004
Transaction ID: SA11A1.8550
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Dr. David Stepyan
Mailing Address: 107 S. Main Ste. Ste. D101
City: Coupeville | State: WA | Zip Code: 98239-3547
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: 06 28 2004
Transaction ID: SA11A1.8573
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Dr. Nguyen Trung
Mailing Address: 6225 Napoli Court
City: Long Beach | State: CA | Zip Code: 90803
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: 06 14 2004
Transaction ID: SA11A1.8693
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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. Holly Casey Wall
Mailing Address 1400 E. Bert Kouns, Ste. 106
City: Shreveport State: LA Zip Code: 71105
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: 06 11 2004
Transaction ID: SA11A1.8680
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Simeon Wall, Jr., MD
Mailing Address 1400 E. Bert Kouns, Ste. 106
City: Shreveport State: LA Zip Code: 71105
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: 04 02 2004
Transaction ID: SA11A1.8501
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial)
James Wells, MD
Mailing Address 2880 Atlantic Ave., Ste. 290
City: Long Beach State: CA Zip Code: 90806
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: 06 14 2004
Transaction ID: SA11A1.8587
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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. Wendell Whitacre
Mailing Address 5133 E. River Rd.
City: Tucson State: AZ Zip Code: 85718
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: 06 03 2004
Transaction ID: SA11A1.8568
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Gareth Wooten, MD
Mailing Address 1301 20th St., Ste. 470
City: Santa Monica State: CA Zip Code: 90404
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: 06 22 2004
Transaction ID: SA11A1.8646
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. William Wyatt
Mailing Address 2232 Dell Range Blvd., Ste. 208
City: Cheyenne State: WY Zip Code: 82009-4542
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: 06 18 2004
Transaction ID: SA11A1.8671
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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)
Sean Younai MD

Mailing Address 16311 Ventura Blvd., Ste. 1D10

City: Encino
State: CA
Zip Code: 91436

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
06 03 2004

Transaction ID: SA11A1.8686

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

TOTAL This Period (last page this line number only) ..... ▶ 20850.00

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): ANNA ESHOO FOR CONGRESS
Mailing Address: 555 Capitol Mall Suite 1425
City: Sacramento State: CA Zip Code: 95814
Purpose of Disbursement:
Candidate Name: Category/Type:
Office Sought: X House / Senate / President
State: CA District: 14
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.8749
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2000.00

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:
Candidate Name: Category/Type:
Office Sought: House / X Senate / President
State: KY District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.8698
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): CITIZENS FOR COCHRAN
Mailing Address: PO BOX 7183
City: TUPELO State: MS Zip Code: 38802
Purpose of Disbursement:
Candidate Name: Category/Type:
Office Sought: House / X Senate / President
State: MS District: 00
Disbursement For: 2006 X Primary General Other (specify)
Transaction ID: SB23.8720
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9000.00

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)
CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City: Murfreesboro | State: TN | Zip Code: 37133

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: TN District: 06

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.8745
Date of Disbursement: 04 / 23 / 2004

Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial)
CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City: Murfreesboro | State: TN | Zip Code: 37133

Purpose of Disbursement
Redesignate:

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: TN District: 06

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.9294
Date of Disbursement: 04 / 23 / 2004

Amount of Each Disbursement this Period: -2500.00

[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City: Murfreesboro | State: TN | Zip Code: 37133

Purpose of Disbursement
Redesignate:

Candidate Name

Category/Type

Office Sought: X House / Senate / President

State: TN District: 06

Disbursement For: 2004 X Primary General Other (specify)

Transaction ID: SB23.9295
Date of Disbursement: 04 / 23 / 2004

Amount of Each Disbursement this Period: 2500.00

[MEMO ITEM]

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)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis | State TX | Zip Code 75120

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: TX District: 06

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.8743
Date of Disbursement 04 / 23 / 2004

Amount of Each Disbursement this Period 2500.00

B.
Full Name (Last, First, Middle Initial)
EVAN BAYH COMMITTEE

Mailing Address 251 EAST OHIO STREET #850

City INDIANAPOLIS | State IN | Zip Code 46204

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / X Senate / President

State: IN District: 00

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.8731
Date of Disbursement 04 / 23 / 2004

Amount of Each Disbursement this Period 2000.00

C.
Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address 18 N. SECOND STREET PO BOX 37
PO BOX 37

City SAINT CLAIR | State PA | Zip Code 17970

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President

State: PA District: 17

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: SB23.8747
Date of Disbursement 04 / 23 / 2004

Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6500.00**

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)

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☐ 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): Friends of Roy Blunt
Mailing Address: PO BOx 50100
City: Springfield | State: MO | Zip Code: 65805
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: MO District: 7
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.8718
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): JOHN THUNE FOR US SENATE
Mailing Address: 2908 W 11TH STREET
City: SIOUX FALLS | State: SD | Zip Code: 57104
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: SD District: 00
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.8735
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): JOHN THUNE FOR US SENATE
Mailing Address: 2908 W 11TH STREET
City: SIOUX FALLS | State: SD | Zip Code: 57104
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: SD District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.8737
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12500.00**

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)

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

A.
Full Name (Last, First, Middle Initial): JON KYL FOR U S SENATE
Mailing Address: POST OFFICE BOX 10248
City: PHOENIX State: AZ Zip Code: 85064
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: AZ District: 00
Disbursement For: 2006 X Primary General / Other (specify)
Transaction ID: SB23.8724
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): MARY BONO COMMITTEE
Mailing Address: P.O. Box 3370
City: Palm Springs State: CA Zip Code: 02263
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: CA District: 45
Disbursement For: 2004 Primary X General / Other (specify)
Transaction ID: SB23.8741
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): MIKE DEWINE FOR US SENATE
Mailing Address: PO BOX 340188
City: COLUMBUS State: OH Zip Code: 43234
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: OH District: 00
Disbursement For: 2004 Primary X General / Other (specify)
Transaction ID: SB23.8711
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6500.00**

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)

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☐ 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): MISSOURIANS FOR KIT BOND
Mailing Address: 1900 N PROVIDENCE SUITE 311
City: COLUMBIA State: MO Zip Code: 65202
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: MO District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.8702
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): RICHARD BURR COMMITTEE
Mailing Address: Post Office Box 5928
City: Winston-Salem State: NC Zip Code: 27113
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: X House / Senate / President
State: NC District: 05
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: SB23.8740
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 3000.00

C.
Full Name (Last, First, Middle Initial): SAM BROWNBACK FOR U S SENATE
Mailing Address: P.O. BOX 2008
City: TOPEKA State: KS Zip Code: 66601
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / X Senate / President
State: KS District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.8704
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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)

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☐ 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)
SANTORUM 2006

Mailing Address ONE TOWER BRIDGE SUITE 1440

City WEST CONSHOHOCKEN State PA Zip Code 19428

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / X Senate / President
State: PA District: 00

Disbursement For: 2006
X Primary / General / Other (specify)

Transaction ID: SB23.8728
Date of Disbursement 04 / 23 / 2004

Amount of Each Disbursement this Period 2000.00

B.
Full Name (Last, First, Middle Initial)
SNYDER, DOROTHY (DOT) NELSON

Mailing Address 1550 COUNTY ROAD 243
Suite 120

City MOSHEIM State TX Zip Code 76680

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: X House / Senate / President
State: TX District: 17

Disbursement For: 2004
Primary / General / X Other (specify)
Runoff

Transaction ID: SB23.8547
Date of Disbursement 04 / 12 / 2004

Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	4500.00
TOTAL This Period (last page this line number only) ..... ▶	49500.00

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)

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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 Fees
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.8752
Date of Disbursement: 04 / 03 / 2004
Amount of Each Disbursement this Period: 14.84

B.
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 Fees
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.8753
Date of Disbursement: 05 / 30 / 2004
Amount of Each Disbursement this Period: 20.56

C.
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 Fees
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)

Transaction ID: SB29.8754
Date of Disbursement: 06 / 30 / 2004
Amount of Each Disbursement this Period: 83.93

SUBTOTAL of Disbursements This Page (optional) ..... ▶	119.33
TOTAL This Period (last page this line number only) ..... ▶	119.33