REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 JAN 29 A 10 20

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) ☐ Check if different than previously reported
444 E. Algonquin Rd.

CITY, STATE and ZIP CODE
Arlington Heights, IL 60005

2. FEC IDENTIFICATION NUMBER
C00249342

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☒ YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 19____		$ 110,544.09
(b) Cash on Hand at Beginning of Reporting Period	$ 95,388.93	
(c) Total Receipts (from Line 19)	$ 10,584.00	$ 14,418.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 105,972.93	$ 124,962.09
7. Total Disbursements (from Line 30)	$ 13,440.34	$ 32,429.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 92,532.59	$ 92,532.59
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: William F. Seward, Assistant Treasurer

Signature of Treasurer: [signature] Date: 1-25-01

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

FEC FORM 3X
(revised 9/93)

FE8AN103

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

(revised 1/1/97)

NAME OF COMMITTEE: The Political Action Committee of the American Society of Plastic Surgeons, Inc. "PAC"

REPORT COVERING PERIOD FROM 04/01/00 TO: 06/30/00

	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)	$7,900.00	$8,600.00	11(a)
ii. Unitemized	$2,684.00	$5,818.00	11(a)
iii. Total (add i and ii) ➤	$10,584.00	$14,418.00	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	$10,584.00	$14,418.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$10,584.00	$14,418.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$10,584.00	$14,418.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a
ii. Non-Federal Share			21(a
b. Other Federal Operating Expenditures			21(b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	$13,367.61	$32,273.61	21(c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a
b. Political Party Committees			28(b
c. Other Political Committees (such as PACs)			28(c
d. Total Contribution Refunds (add a, b and c) ➤			28(c
29. Other Disbursements	$72.73	$155.89	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$13,440.34	$32,429.50	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$13,440.34	$32,429.50	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	$10,584.00	$14,418.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE6AN100

HEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER

...mation copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial ...s, other than using the name and address of any political committee to solicit contributions from such committee.

...E OF COMMITTEE (In Full)

The Political Action Committee of The American Society of Plastic Surgeons, Inc., "Plasty PAC"

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. William H. Huffaker, MD 456 N. New Ballas Rd. St. Louis, MO 63141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 300.00	05/17/00	$300.00
B. Vibhakar K. Bari, MD P.O. Box 2055 1031 McBride Ave. W. Patterson, NJ 07424 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 250.00	05/30/00	$250.00
C. Joseph Disa, MD 1275 York Ave. New York, New York 10021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 250	05/30/00	$250.00
D. Diane Gerber, MD 680 N. Lake Shore Drive, Ste. 930 Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 250	05/30/00	$250.00
E. Robert Kearney, MD 4215 N. Mac Dill Ave. Tampa, Florida 33607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 250.00	05/30/00	$250.00
F. John Robert McGill, MD 436 Stone Street, Ste. A Bangor, ME 04401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $ 500.00	05/30/00	$500.00
G. William Mealer, MD 28999 Front Street, #102 Temecula, CA 92590 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Physician Aggregate Year-to-Date > $	05/30/00	$250.00

SUBTOTAL of Receipts This Page (optional) > $2,050

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

FORM 3100

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

The Political Action Committee of The American Society of Plastic Surgeons, Inc., "Plasty PAC"

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jack Peterson, Jr., MD 631 S.W. Horne St., Ste. 400 Topeka, KS 66606 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/30/00	250.00
B. Ernesto Ruas, MD 2721 W. Martin Luther King Blvd. Suite 510 Tampa, Florida 33607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	05/30/00	$250.00
C. Gregory Borah, MD UMDNJ-R Wood Johnson Med. School 1 Rwj Place, MEB 584 New Brunswick, NJ 08901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 500.00	05/31/00	$500.00
D. Richard D'Amico, MD Suite 3-NE 180 N. Dean St. Englewood, NJ 07631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $	05/31/00	$250.00
E. Frank Welchek, MD 235 E. Rowan, Ste. 206 Spokane, WA 99207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 500.00	05/31/00	$500.00
F. Daniel Garritano, MD 6674 Tippecanoe Rd. Canfield, OH 44406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/28/00	$250.00
G. Philip C. Haeck, MD 901 Boren Ave, Ste. 1650 Seattle, WA 98104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	06/28/00	$600.00

SUBTOTAL of Receipts This Page (optional) 2,600.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

The Political Action Committee of The American Society of Plastic Surgeons, Inc., "Plasty PAC"

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ronald Iverson, MD The Plastic Surgery Center 1387 Santa Rita Road Pleasanton, CA 94566 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/28/00	$ 250.00
B. David Ross, MD 60 E. Delaware, 15th FLR. Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/28/00	$ 250.00
C. Craig N. Creasman, MD 2400 Samaritan Dr., Ste. 206 San Jose, CA 95124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/09/00	$ 250.00
D. Jeffrey Darrow, MD Boston Ctr./Ambul. Surg. 170 Commonwealth Ave Boston, MA 02116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/09/00	$ 250.00
E. Kenneth Odinet, MD 155 Hospital Dr., Ste. 410 Lafayette, LA 70503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/09/00	$ 250.00
F. Gary Brian Inman, MD 601 E. San Antonio St., Ste. 402 Victoria, TX 77901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $ 250.00	06/12/00	$ 250.00
G. Jack Gunter, MD 8315 Walnut Hill Lane, Ste. 225 Dallas, TX 75231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: SelF Occupation: Physician Aggregate Year-to-Date > $	06/12/00	$ 250.00

SUBTOTAL of Receipts This Page (optional) > $ 1,750.00

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

FEC/Form 105

IEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4

FOR LINE NUMBER

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...E OF COMMITTEE (In Full)

The Political Action Committee of The American Society of Plastic Surgeons, Inc., "Plasty PAC"

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Hans Lee, MD 415 Morris St., Ste. 200 Charleston, WV 25301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Physician Aggregate Year-to-Date > $ 500.00	06/12/00	$500.00
B. Hermann Orlet, MD 1220 George C. Wilson Dr. Augusta, GA 30909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Physician Aggregate Year-to-Date > $	06/12/00	$250.00
C. Jack Sheen, MD 216 W. Pueblo St., Ste. A Santa Barbara, CA 93105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Physician Aggregate Year-to-Date > $ 250.00	06/12/00	$250.00
D. David Turner, MD 711 W. 38th St., Ste. C-8 Austin, TX 78705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Physician Aggregate Year-to-Date > $ 250.00	06/12/00	$250.00
E. Scott Zevon, MD 75 Central Park West New York, New York 10023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation Physician Aggregate Year-to-Date > $	6/12/00	$250.00
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)	$1,500.00
TOTAL This Period (last page this line number only)	$7,900.00

FSAN103

CHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

The Political Action Committee of the American Society of Plastic Surgeons Inc. "PlasticPAC"

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Paul Perry for Congress P.O. Box 5453 Evansville, IN 47716	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nelson 2000 1915 North 121st Street Omaha, NE 68154-1311	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cooksey for Congress P.O. Box 7600 Monroe, LA 71211-7600	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hutchinson for Senate P.O. Box 1150 Little Rock, AR 72203	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign to Reelect John Tierney for Congress P.O. Box 8013 Salem, MA 01970	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for English 1208 Palo Alto Pittsburgh, PA 15212	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill McCollum for U.S. Senate 605 E. Robinson Street Suite 305 Orlando, FL 32801	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeGette for Congress 770 Grant Street Suite 238 Denver, CO 80203	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Berkley 2000 349 Keating ST. Henderson, NV 89014	Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6-28-00	1,000.00

SUBTOTAL of Disbursements This Page (optional) 9,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

The Political Action Committee of the American Society of Plastic Surgeons, Inc., "PlastyPAC"

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Wisconsin Leadership PAC 888 16th Street, Ste. 700 Washington, DC 20006	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6-28-00	$1,000.00
B. Full Name, Mailing Address and ZIP Code Lincoln Chafee for US Senate 1800 Post Road Airport Plaza, Ste. 13 Warwick, RI 02886	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6-28-00	$1,000.00
C. Full Name, Mailing Address and ZIP Code Sue Myrick for Congress 1850 East Third St., Ste. 350 Charlotte, NC 28209	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6-28-00	$1,000.00
D. Full Name, Mailing Address and ZIP Code Sue Kelly for Congress 700 White Plains Rd. Suite 301 Scarsdale, NY 10583	Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	6-28-00	$1,000.00
E. Full Name, Mailing Address and ZIP Code The Capitol Hill Club 300 First St., SE Washington, DC 20003	Purpose of Disbursement In-Kind Contribution For Rep. Greg Ganske Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	5-22-00	$367.61
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) $4,367.61

TOTAL This Period (last page this line number only) $13,367.61

FE9AH103

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 1-29-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Amy J — PREPARER

1-29-01 — DATE PREPARED

(6/2000)