09/18/2002 10 : 57

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)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

X 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 (M13) |

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

Election on _____ in the State of _____

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 07 01 2001 through 12 31 2001

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 01 03 2002

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 (Revised 1/2001) |
|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)



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

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2001 | | 67078.60 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 72381.54 | |
| (c) Total Receipts (from Line 19) ..... | 73829.00 | 96542.00 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 146210.54 | 163620.60 |
| 7. Total Disbursements (from Line 30) ..... | 54618.49 | 72028.55 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 91592.05 | 91592.05 |
| 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 | |

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 (Revised 1/2001)



Write or Type Committee Name

AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

| 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) ..... | 51019.00 | |
| (ii) Unitemized ..... | 22810.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 73829.00 | 96542.00 |
| (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 32, page 4) ..... ▶ | 73829.00 | 96542.00 |
| 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 36, page 4) ..... | 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 Nonfederal Account for Joint Activity ..... | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶ | 73829.00 | 96542.00 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶ | 73829.00 | 96542.00 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)



| 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 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 31000.00 | 43000.00 |
| 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 | 23618.49 | 29028.55 |
| 30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶ | 54618.49 | 72028.55 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 54618.49 | 72028.55 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3) | 73829.00 | 96542.00 |
| 33. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 73829.00 | 96542.00 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 0.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 0.00 | 0.00 |

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 73

[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): Scott Aaronson, MD
Mailing Address: 1221 North Indian Canyon Drive
City: Palm Springs State: CA Zip Code: 92262
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 25 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4622

**B.**
Full Name (Last, First, Middle Initial): Govind Acharya, MD
Mailing Address: 5121 N. Central Ave.
City: Phoenix State: AZ Zip Code: 85012
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 08 25 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5395

**C.**
Full Name (Last, First, Middle Initial): Abd Alghanem, MD
Mailing Address: 1020 Charter Dr., Ste. B
City: Flint State: MI Zip Code: 48532
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4859

**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: (check only one) PAGE 6 / 73

[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)
Mohammed Asher Ali, MD
Mailing Address
1275 Woodward Ave., Ste. 104
City: Bloomfield Hills State: MI Zip Code: 48302
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4480

**B.**
Full Name (Last, First, Middle Initial)
Al Aly, MD
Mailing Address
Univ. Iowa Hosp. Sect. Plast. Surg 200 Hawkin Dr.-2988 Jpp
City: Iowa City State: IA Zip Code: 52242
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 24 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4812

**C.**
Full Name (Last, First, Middle Initial)
Abul Amin, Md
Mailing Address
3735 Easton Nazareth Hwy.,Ste. 302
City: Easton State: PA Zip Code: 18045
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 26 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4925

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

**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: (check only one) PAGE 7/73

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

**A.**
Full Name (Last, First, Middle Initial): Scott Andochick, MD
Mailing Address: 81 Thomas Johnson Court
City: Frederick State: MD Zip Code: 21702
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 26 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4454

**B.**
Full Name (Last, First, Middle Initial): Scott Andochick, MD
Mailing Address: 81 Thomas Johnson Court
City: Frederick State: MD Zip Code: 21702
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 08 24 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5398

**C.**
Full Name (Last, First, Middle Initial): Gossel Anson, MD
Mailing Address: 7135 W. Sahara
City: Las Vegas State: NV Zip Code: 89117
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 26 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4452

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

**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: (check only one) PAGE 8 / 73

[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)
Derrick Antell MD, DDS

Mailing Address
850 Park Avenue

City: New York | State: NY | Zip Code: 10021

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 301.00

Date of Receipt: 09 05 2001

Amount of Each Receipt this Period: 301.00

Transaction ID: SA11A1.4552

**B.** Full Name (Last, First, Middle Initial)
Amy Arnold, MD

Mailing Address
2001 NE 48th Court, Ste. 5

City: Fort Lauderdale | State: FL | Zip Code: 33308

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 08 15 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5087

**C.** Full Name (Last, First, Middle Initial)
Laurence Arnold, MD

Mailing Address
5353 N. Federal Highway, Ste. 301

City: Fort Lauderdale | State: FL | Zip Code: 33308

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 26 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4765

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1051.00**

**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: (check only one) PAGE 9 / 73

[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): Joel Atchison, MD
Mailing Address: 4009 6th Ave., Ste. 45
City: Kearney State: NE Zip Code: 68845
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 26 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4458

**B.** Full Name (Last, First, Middle Initial): Harvey Austin, MD
Mailing Address: 1776 Old Meadow Road
City: Mclean State: VA Zip Code: 22102
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 12 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4908

**C.** Full Name (Last, First, Middle Initial): Paramjit Bajaj, MD
Mailing Address: 6205 N. Santa Fe, Ste. 105
City: Oklahoma State: OK Zip Code: 73116
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 31 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4851

**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: (check only one) PAGE 10 / 73

[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): Gary Baker, MD
Mailing Address: 2801 Wyandotte St., Ste. 1061
City: Kansas City State: MO Zip Code: 64108
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 13 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4716

**B.** Full Name (Last, First, Middle Initial): Eduardo Barrosso, MD
Mailing Address: 8950 North Kendall Drive, Ste. 100D
City: Miami State: FL Zip Code: 33176
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4486

**C.** Full Name (Last, First, Middle Initial): Eduardo Barrosso, MD
Mailing Address: 8950 North Kendall Drive, Ste. 100
City: Miami State: FL Zip Code: 33176
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 29 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5399

**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: (check only one) PAGE 11 / 73

[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): Robert Bashore, MD
Mailing Address: 280 Sykes Creek Parkway, Ste. A
City: Merritt Island State: FL Zip Code: 32953
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 07 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4544

**B.**
Full Name (Last, First, Middle Initial): Harold Beam, MD
Mailing Address: 300 Hebron Ave., Ste. 101
City: Glastonbury State: CT Zip Code: 06033
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4876

**C.**
Full Name (Last, First, Middle Initial): Glenn Becker, MD
Mailing Address: 390 E. 38th St. , Ste. 32E
City: New York State: NY Zip Code: 10016
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 11 19 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4906

**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

FOR LINE NUMBER: (check only one) PAGE 12 / 73

[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): Jonathan Berman, MD
Mailing Address: 16244 S. Military Trail, Ste. 670
City: Delray Beach State: FL Zip Code: 33484
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 11 30 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4937

**B.**
Full Name (Last, First, Middle Initial): David Branch, Md
Mailing Address: 885 Union St., Ste. 215
City: Bangor State: ME Zip Code: 04401
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 19 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4736

**C.**
Full Name (Last, First, Middle Initial): Stephen Bresnick, MD
Mailing Address: 16633 Ventura Blvd., Ste. 110
City: Encino State: CA Zip Code: 91436
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 07 30 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4464

**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: (check only one) PAGE 13 / 73

[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)
Wilfred Brown, MD

Mailing Address
530 Middlebury Rd., Ste. 106B

City: Middlebury | State: CT | Zip Code: 06762

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 01 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4921

**B.** Full Name (Last, First, Middle Initial)
Fernando Celaro, MD

Mailing Address
Torre San Pablo 103 Calle South Cruz #68

City: Bayamon | State: PR | Zip Code: 00961

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 02 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4847

**C.** Full Name (Last, First, Middle Initial)
Bruce Carter, MD

Mailing Address
875 Oak St., S.E., Ste 4060

City: Salem | State: OR | Zip Code: 97301

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 23 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4526

**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)
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.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 18 2001

Amount of Each Receipt this Period: 400.00

Transaction ID: SA11A1.4984

**B.** Full Name (Last, First, Middle Initial)
Jeff Chapman, MD

Mailing Address
4833 Meadowcreek Dr., SW

City: Fargo | State: ND | Zip Code: 58104

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 27 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4793

**C.** Full Name (Last, First, Middle Initial)
Woodward Coleman, MD

Mailing Address
414 Navarro, Ste. 1616

City: San Antonio | State: TX | Zip Code: 78205

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 17 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4610

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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: (check only one) PAGE 15 / 73

[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): 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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 17 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4602

**B.**
Full Name (Last, First, Middle Initial): Ralph Cozart, MD
Mailing Address: 8171 Rourk St.
City: Myrtle Beach State: SC Zip Code: 29572
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 14 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4974

**C.**
Full Name (Last, First, Middle Initial): Craig Greasman, MD
Mailing Address: 2400 Samaritan Dr., Ste. 206
City: San Jose State: CA Zip Code: 55124
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 12 13 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4967

**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: (check only one) PAGE 16 / 73

[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 Creech, MD
Mailing Address: 7776 S. Pointe Pkwy West, Ste. 135
City: Phoenix State: AZ Zip Code: 85044
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 29 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5115

**B.**
Full Name (Last, First, Middle Initial): James Cullington, MD
Mailing Address: 1010 W. 9th Street
City: Austin State: TX Zip Code: 78703
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 05 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4825

**C.**
Full Name (Last, First, Middle Initial): Richard A. D'Amico, MD
Mailing Address: 180 N. Dean St. Suite 3 - NE
City: Englewood, State: NJ Zip Code: 07631
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 10 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5122

**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: (check only one) PAGE 17 / 73

[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)
Jefferey Darrow, MD

Mailing Address
170 Commonwealth Ave.

City: Boston | State: MA | Zip Code: 02116

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 15 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4695

**B.** Full Name (Last, First, Middle Initial)
Kenneth Dieffenbach, MD

Mailing Address
2633 Napoleon

City: New Orleans | State: LA | Zip Code: 70115

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 27 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4532

**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.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 07 12 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5125

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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: (check only one) PAGE 18 / 73

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

**A.** Full Name (Last, First, Middle Initial)
Terry Dubrow, MD

Mailing Address
1617 Westcliff Dr., Ste. 100

City: Newport Beach | State: CA | Zip Code: 92660

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 23 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4592

**B.** Full Name (Last, First, Middle Initial)
Dawson Dunegan, MD

Mailing Address
303 William Ave., Ste. 1421

City: Huntsville | State: AL | Zip Code: 35801

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 01 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4879

**C.** Full Name (Last, First, Middle Initial)
Mark Ebersach, MD

Mailing Address
14012 US Highway 19

City: Hudson | State: FL | Zip Code: 34667

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 25 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5126

**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: (check only one) PAGE 19 / 73

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

**A.** Full Name (Last, First, Middle Initial)
Brian Eichenberg, MD

Mailing Address
28999 Front St., Ste. 102

City: Temecula | State: CA | Zip Code: 92590

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 20 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5128

**B.** Full Name (Last, First, Middle Initial)
John Fagg, MD

Mailing Address
2901 Maplewood Ave.

City: Winston-Salem | State: NC | Zip Code: 27103

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 05 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4823

**C.** Full Name (Last, First, Middle Initial)
Thomas Fewell, MD

Mailing Address
206 W. County Line Rd., Ste. 350

City: Highlands Ranch | State: CO | Zip Code: 80129

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 15 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4982

**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: (check only one) PAGE 20 / 73

[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)
Charles Feagin, MD

Mailing Address
4300 W. Main St. Ste. 43

City: Dothan | State: AL | Zip Code: 36305

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 11 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5130

**B.** Full Name (Last, First, Middle Initial)
Joseph Franco, MD

Mailing Address
46 Tomlin Circle

City: Burr Ridge | State: IL | Zip Code: 60521

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 31 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.5140

**C.** Full Name (Last, First, Middle Initial)
Heather Furnas, MD

Mailing Address
2465 Summerfield Rd

City: Santa Rosa | State: CA | Zip Code: 55405

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 28 2001

Amount of Each Receipt this Period: 20.00

Transaction ID: SA11A1.5146

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **770.00**

**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)
Heather Furnas, MD

Mailing Address
2485 Summerfield Rd

City: Santa Rosa | State: CA | Zip Code: 95405

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 240.00

Date of Receipt: 12 29 2001

Amount of Each Receipt this Period: 20.00

Transaction ID: SA11A1.5148

**B.** Full Name (Last, First, Middle Initial)
F. Nicholas Gahhos, MD

Mailing Address
135 San Marco Crive

City: Venice | State: FL | Zip Code: 34285-3231

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 07 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4857

**C.** Full Name (Last, First, Middle Initial)
Julio Garcia, MD

Mailing Address
30117 W. Charleston Blvd., Ste.80

City: Las Vegas | State: NV | Zip Code: 89102

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 09 14 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4626

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1020.00**

**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 Gerritano, Md

Mailing Address
483 S. Briarcliff Dr.

City: Canfield State: OH Zip Code: 44406

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 25 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4834

**B.** Full Name (Last, First, Middle Initial)
Peter Gee, MD

Mailing Address
3 Woodland Rd., Ste. 318

City: Stoneham State: MA Zip Code: 02180

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 16 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4738

**C.** Full Name (Last, First, Middle Initial)
Douglas Gervais, MD

Mailing Address
4825 Olson Memorial Hwy., Ste. 200

City: Minneapolis State: MN Zip Code: 55422

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 23 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4757

**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): Nourollah Ghorbani, MD
Mailing Address: 130 La Casa Via, Ste. 102
City: Walnut Creek State: CA Zip Code: 94598
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 22 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5159

**B.**
Full Name (Last, First, Middle Initial): Steven Gilt, MD
Mailing Address: 3811 E. Bell Rd., Ste. 202
City: Phoenix State: AZ Zip Code: 85032
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 03 2001
Amount of Each Receipt this Period: 400.00
Transaction ID: SA11A1.4884

**C.**
Full Name (Last, First, Middle Initial): Joseph Giunta, MD
Mailing Address: 4600 King St., Ste. 4-R
City: Alexandria State: VA Zip Code: 22302
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 03 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5161

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1150.00**

**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)
Scot Glasberg, MD

Mailing Address
42A East 74th Street

City: New York | State: NY | Zip Code: 10021

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt: 12 30 2001

Amount of Each Receipt this Period: 18.00

Transaction ID: SA11A1.5168

**B.** Full Name (Last, First, Middle Initial)
Barry Goldenberg, MD

Mailing Address
200 East End Ave.

City: New York | State: NY | Zip Code: 10128

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 27 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4855

**C.** Full Name (Last, First, Middle Initial)
Sandy Gonzalez, MD

Mailing Address
200 Calle Reina Eugenia

City: Guaynabo | State: PR | Zip Code: 00969

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 07 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4970

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1018.00**

**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)
Robert Grant, MD

Mailing Address
Columbia Univ. Div. Plastic Surger Dep 601 161 Ft. Wash. Ave.

City: New York State: NY Zip Code: 10032

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 08 12 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5169

**B.** Full Name (Last, First, Middle Initial)
Robert Greper, MD

Mailing Address
2801 Randolph

City: Charlotte State: NC Zip Code: 28211

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 08 22 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4512

**C.** Full Name (Last, First, Middle Initial)
Behman Guyuron, MD

Mailing Address
29017 Cedar Rd.

City: Lyndhurst State: OH Zip Code: 44124

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 07 06 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5173

**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: (check only one) PAGE 26 / 73

[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): Philip Haeck MD
Mailing Address: Cabrini Medical Tower, 901 Boren Ave., Ste. 1650
City: Seattle State: WA Zip Code: 98104
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 11 07 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4815

**B.** Full Name (Last, First, Middle Initial): Thomas Hegarty, MD
Mailing Address: 117 Marys Ave., Ste. 204
City: Kingston State: NY Zip Code: 12401
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 17 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4748

**C.** Full Name (Last, First, Middle Initial): C. Franklin Halbert, MD
Mailing Address: P.O. Box 11546
City: Atlanta State: GA Zip Code: 30355
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 11 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4947

**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): Karl Hepcic, MD, DDS
Mailing Address: 1825 Pinion Rd., Ste. E
City: Elko State: NV Zip Code: 89801
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 07 18 2001
Amount of Each Receipt this Period: 150.00
Transaction ID: SA11A1.5430

**B.**
Full Name (Last, First, Middle Initial): Michelle Hardaway, MD
Mailing Address: 29355 Northwestern Hwy., Ste. 100
City: Southfield State: MI Zip Code: 48034
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 11 11 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4807

**C.**
Full Name (Last, First, Middle Initial): Steven Herber, MD
Mailing Address: 1030 Main St.
City: St. Helena State: CA Zip Code: 94574
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 07 19 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5193

**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

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

**A.** Full Name (Last, First, Middle Initial): Karl Hatt, MD
Mailing Address: 500 W. 10th Place, Ste. 124
City: Mesa State: AZ Zip Code: 85201
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 27 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5195

**B.** Full Name (Last, First, Middle Initial): William Hickerson, MD
Mailing Address: 1220 George C. Wilson Dr.
City: Augusta State: GA Zip Code: 30907
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 08 24 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4516

**C.** Full Name (Last, First, Middle Initial): H. Louis Hill, MD
Mailing Address: Tallahasse Plastic Surgery 1704 Riggins Rd.
City: Tallahasse State: FL Zip Code: 32308
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 07 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5198

**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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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)
William Huffaker, MD

Mailing Address
456 N. New Ballas Rd.

City: St. Louis | State: MO | Zip Code: 63141

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 04 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4829

**B.** Full Name (Last, First, Middle Initial)
Ben Hugo, MD

Mailing Address
1101 First Colonial Rd., Ste. 201

City: Virginia Beach | State: VA | Zip Code: 23454

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 20 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5200

**C.** Full Name (Last, First, Middle Initial)
Vincent Hung, MD

Mailing Address
800 Fairmount Ave., Ste 320

City: Pasadena | State: CA | Zip Code: 91105

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 26 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5202

**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): Robert Improta MD
Mailing Address: 2480 Ponderosa Dr. N., Ste. A-117
City: Camarillo State: CA Zip Code: 93010
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 03 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4650

**B.**
Full Name (Last, First, Middle Initial): Clyde Ishii, MD
Mailing Address: Queens Physician Office Building 1329 Lusitana St., Ste. 502
City: Honolulu State: HI Zip Code: 96813
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 11 15 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4933

**C.**
Full Name (Last, First, Middle Initial): Ted Jackson, MD
Mailing Address: 415 Morris St. #200
City: Charleston State: WV Zip Code: 25301
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 03 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4682

**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)
Michael Janzyeri MD

Mailing Address
9735 Willshire Blvd., Ste. 211

City: Beverly Hills State: CA Zip Code: 90212

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 22 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5204

**B.** Full Name (Last, First, Middle Initial)
Debra Johnson, MD

Mailing Address
95 Scripps Ave.

City: Sacramento State: CA Zip Code: 95825

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 20 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5206

**C.** Full Name (Last, First, Middle Initial)
Dean Johnston, MD

Mailing Address
4106 W. Lake Mary Blvd., Suite 212

City: Lake Mary State: FL Zip Code: 32746

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 15 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5210

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**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): Martin Kessan, MD
Mailing Address: 617 23rd St., Ste.5
City: Ashland State: KY Zip Code: 41101
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 08 17 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5212

**B.**
Full Name (Last, First, Middle Initial): Peter Key, MD
Mailing Address: 2355 N. Wyatt Ave. Ste. 111
City: Tucson State: AZ Zip Code: 85712
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 03 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5217

**C.**
Full Name (Last, First, Middle Initial): Jimmy Kea, MD
Mailing Address: 10 Lynoak Cove
City: Jackson State: TN Zip Code: 38305
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 11 12 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4914

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

**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): Karl Kenfield, MD
Mailing Address: 320 Santa Fe Drive, Ste. 107
City: Encinitas State: CA Zip Code: 92024
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 12 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5219

**B.**
Full Name (Last, First, Middle Initial): Geoffrey Keyes, MD
Mailing Address: 9201 Sunset Blvd., Ste. 611
City: Los Angeles State: CA Zip Code: 90069
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 14 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4965

**C.**
Full Name (Last, First, Middle Initial): Roy Kim, MD
Mailing Address: 45 Castro Street
City: San Francisco State: CA Zip Code: 94114
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 15 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5226

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

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

**A.** Full Name (Last, First, Middle Initial)
Alan Kisner, MD

Mailing Address
Plastic Surgery Center Long Island 100 E. Main St.

City: Huntington State: NY Zip Code: 11743

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 19 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5227

**B.** Full Name (Last, First, Middle Initial)
Michele Koo, MD

Mailing Address
333 S. Kirkwood, Ste. 203

City: St. Louis State: MO Zip Code: 63122

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 23 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4787

**C.** Full Name (Last, First, Middle Initial)
George Korkos, MD

Mailing Address
22370 Bluemound Rd.

City: Waukesha State: WI Zip Code: 53186

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 08 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5232

**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): Lawrence Korpeck MD
Mailing Address: 200 Glades Road, Ste. 1
City: Boca Raton State: FL Zip Code: 33432
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 09 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4916

**B.**
Full Name (Last, First, Middle Initial): Norm Leaf, MD
Mailing Address: 436 N. Bedford Dr., Ste. 103
City: Beverly Hills State: CA Zip Code: 90210
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 31 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5244

**C.**
Full Name (Last, First, Middle Initial): David Leber, MD
Mailing Address: 2101 N. Front St
City: Harrisburg State: PA Zip Code: 17110
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 29 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4899

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

**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): Jean-Francois Lefaivre, MD
Mailing Address: Univ. of S. Carolina, Surgery Dept 2 Richland Medical Park, Ste. 302
City: Columbia State: SC Zip Code: 29203
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 19 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4900

**B.**
Full Name (Last, First, Middle Initial): Carl Lentz, MD, III
Mailing Address: 120 N. Seneca
City: Daytona Beach State: FL Zip Code: 32114
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 08 25 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.5251

**C.**
Full Name (Last, First, Middle Initial): Ronald Levandusky, MD
Mailing Address: 105 East 35th St.
City: New York State: NY Zip Code: 10016
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 15 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.5253

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

**A.**
Full Name (Last, First, Middle Initial): Victor Lewis, MD
Mailing Address: 201 E. Huron, Suite 12-240
City: Chicago State: IL Zip Code: 60611
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 05 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4832

**B.**
Full Name (Last, First, Middle Initial): Robert Ley, MD
Mailing Address: 150 Carnation Drive, Ste. 4
City: Freedom State: CA Zip Code: 95019
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 30 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4488

**C.**
Full Name (Last, First, Middle Initial): Paul Loewenstein
Mailing Address: 2900 N. Mayfair Rd. Ste. 795
City: Milwaukee State: WI Zip Code: 53226
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 14 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5256

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

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

# SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

**A.** Full Name (Last, First, Middle Initial)
William Loutfy, MD

Mailing Address
10400 Academy NE., Ste 230

City: Albuquerque | State: NM | Zip Code: 87111

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 01 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4949

**B.** Full Name (Last, First, Middle Initial)
Richard Lung, MD

Mailing Address
475 Biltmore Way, Ste. 310

City: Coral Gables | State: FL | Zip Code: 33134

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 14 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4582

**C.** Full Name (Last, First, Middle Initial)
Eric Markoff, MD

Mailing Address
2425 East St., Ste. 14

City: Concord | State: CA | Zip Code: 94520

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 20 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5263

**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: (check only one) PAGE 39 / 73

[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): Eric Mariotti MD
Mailing Address: 2425 East St., Ste. 14
City: Concord State: CA Zip Code: 94520
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: SA11A1.4767

**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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt: 07 27 2001
Amount of Each Receipt this Period: 10.00
Transaction ID: SA11A1.5268

**C.**
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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00
Date of Receipt: 08 27 2001
Amount of Each Receipt this Period: 10.00
Transaction ID: SA11A1.5269

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **120.00**

**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: (check only one) PAGE 40 / 73

[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): Michael McGuire, MD
Mailing Address: 1301 20th Street
City: Santa Monica State: CA Zip Code: 90404
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 340.00
Date of Receipt: 09 27 2001
Amount of Each Receipt this Period: 10.00
Transaction ID: SA11A1.5270

**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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 10 27 2001
Amount of Each Receipt this Period: 10.00
Transaction ID: SA11A1.5271

**C.**
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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 360.00
Date of Receipt: 11 27 2001
Amount of Each Receipt this Period: 10.00
Transaction ID: SA11A1.5272

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **30.00**

**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: (check only one) PAGE 41 / 73

[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)
Michael McGuire, MD

Mailing Address
1301 20th Street

City: Santa Monica | State: CA | Zip Code: 90404

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 370.00

Date of Receipt: 12 27 2001

Amount of Each Receipt this Period: 10.00

Transaction ID: SA11A1.5273

**B.** Full Name (Last, First, Middle Initial)
Michael Meininger, MD

Mailing Address
43900 Garfield Rd., Ste. 104

City: Clinton Twp | State: MI | Zip Code: 48038

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 10 22 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4778

**C.** Full Name (Last, First, Middle Initial)
Mareus McMin

Mailing Address
9200 SW Barnes Rd.

City: Portland | State: OR | Zip Code: 97225

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 08 14 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5276

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **560.00**

**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: (check only one) PAGE 42 / 73

[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)
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.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 28 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4450

**B.** Full Name (Last, First, Middle Initial)
Christian Mogelvang, MD

Mailing Address
1351 Pine Street

City: Naples | State: FL | Zip Code: 34104

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 18 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4800

**C.** Full Name (Last, First, Middle Initial)
Dennis Monteiro, MD

Mailing Address
1288 Valley Forge Rd., Ste. 64 PO Box 604

City: Valley Forge | State: PA | Zip Code: 19482

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 21 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5284

**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

FOR LINE NUMBER: (check only one) PAGE 43 / 73

[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 Mullins, MD

Mailing Address
35 Collier Rd., Ste. 675

City: Atlanta State: GA Zip Code: 30309

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 01 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4886

**B.** Full Name (Last, First, Middle Initial)
Jamsheed Najmi, MD

Mailing Address
201 Union Ave.

City: Bridewater State: NJ Zip Code: 08807

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 22 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4782

**C.** Full Name (Last, First, Middle Initial)
Joel Naeca, MD

Mailing Address
5233 Dijon Dr.

City: Baton Rouge State: LA Zip Code: 70808

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physcian

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 25 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5288

**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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[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): Richard Nesmith, MD, DMD
Mailing Address: 6801 NW 9th Blvd., Ste. 2
City: Gainesville State: FL Zip Code: 32605
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 08 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5290

**B.**
Full Name (Last, First, Middle Initial): Scott Newman, MD
Mailing Address: 970 N. Broadway, Ste. 107
City: Yonkers State: NY Zip Code: 10710
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4842

**C.**
Full Name (Last, First, Middle Initial): William Newton, MD
Mailing Address: 704 Gaslight Blvd.
City: Lufkin State: TX Zip Code: 76904
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 12 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4795

**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

FOR LINE NUMBER: (check only one) PAGE 45 / 73

[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): Kenneth Odinet, MD
Mailing Address: 155 Hospital Dr., Ste. 410
City: Lafayette State: LA Zip Code: 70503
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 18 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5293

**B.**
Full Name (Last, First, Middle Initial): Ferdinand Ofodile, MD
Mailing Address: 133 E. 73rd St.
City: New York State: NY Zip Code: 10021
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 28 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4991

**C.**
Full Name (Last, First, Middle Initial): Roger Olchem, MD
Mailing Address: 10215 Fernwood Rd., Ste. 412
City: Bethesda State: MD Zip Code: 20817
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 11 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5296

**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: (check only one) PAGE 46 / 73

[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)
Richard Orr, MD

Mailing Address
520 Mary St., Ste. 330

City: Evansville. State: IN Zip Code: 47710

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 29 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5298

**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.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 26 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5300

**C.** Full Name (Last, First, Middle Initial)
Richard Pecunia

Mailing Address
#4 Medical Blvd.

City: Hattiesburg State: MS Zip Code: 39401

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 22 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4763

**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: (check only one) PAGE 47 / 73

[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): Georg Peltier, MD
Mailing Address: HCMC
City: Minneapolis State: MN Zip Code: 55415
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 15 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4580

**B.**
Full Name (Last, First, Middle Initial): John Pierce, MD
Mailing Address: 3070 College Street, Suite 202
City: Beaumont State: TX Zip Code: 77701
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 18 2001
Amount of Each Receipt this Period: 200.00
Transaction ID: SA11A1.5317

**C.**
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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 12 05 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4953

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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): David Pratt, MD
Mailing Address: 4005 Colby Ave.
City: Everett State: WA Zip Code: 98201
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 07 04 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5318

**B.**
Full Name (Last, First, Middle Initial): Bradford Prescott, MD
Mailing Address: 1455 Montego, Ste. 204
City: Walnut Creek State: CA Zip Code: 94598
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 08 20 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5320

**C.**
Full Name (Last, First, Middle Initial): Clara Rivera, MD
Mailing Address: 112-47 Queens Blvd., Ste. 106
City: Forest Hills State: NY Zip Code: 11375
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 01 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5328

**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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[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)
Clara Rivera, MD

Mailing Address
112-47 Queens Blvd., Ste. 106

City: Forest Hills | State: NY | Zip Code: 11375

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 25 / 2001

Amount of Each Receipt this Period: 250.00

**Transaction ID:** SA11A1.4751

**B.** Full Name (Last, First, Middle Initial)
Karen Roche, MD

Mailing Address
9370 McKnight Rd., Ste. 404

City: Pittsburgh | State: PA | Zip Code: 15237

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 28 / 2001

Amount of Each Receipt this Period: 300.00

**Transaction ID:** SA11A1.5331

**C.** Full Name (Last, First, Middle Initial)
Howard Rosenberg, MD

Mailing Address
2204 Grant Rd., Ste. 201

City: Mountain View | State: CA | Zip Code: 94040

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 01 / 2001

Amount of Each Receipt this Period: 300.00

**Transaction ID:** SA11A1.5336

**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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[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)
Malcolm Roth, MD

Mailing Address
Brookdale Hospital Med. Ctr. One Brookdale Plaza

City: Brooklyn State: NY Zip Code: 11212

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 27 2001

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11A1.4639

**B.** Full Name (Last, First, Middle Initial)
Leonard Roudner, MD

Mailing Address
550 Biltomre Way, Ste. 890

City: Coral Gables State: FL Zip Code: 33134

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 13 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4963

**C.** Full Name (Last, First, Middle Initial)
Cayce Rumsey, III, MD

Mailing Address
520 US Highway A1A, Ste. 203

City: Ponte Vedra Beach State: FL Zip Code: 32082

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 18 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5405

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1800.00**

**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: (check only one) PAGE 51 / 73

[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)
S. Larry Schlesinger, MD

Mailing Address
33 Lono Ave. Ste. 300

City: Kahului State: HI Zip Code: 96732

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 24 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4564

**B.** Full Name (Last, First, Middle Initial)
Jeffery Seibinger, MD

Mailing Address
440 Taylor Rd., Ste. 3250

City: Montgomery State: AL Zip Code: 36117-3588

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 20 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4616

**C.** Full Name (Last, First, Middle Initial)
Alan Serure, MD

Mailing Address
7900 SW 62nd Place, Ste. 200

City: S. Miami State: FL Zip Code: 33143

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 26 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5347

**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: (check only one) PAGE 52 / 73

[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)
Carol Shapiro, MD

Mailing Address
1940 Opitz Blvd.

City: Woodbridge State: VA Zip Code: 22191

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 04 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4821

**B.** 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.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 14 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5351

**C.** Full Name (Last, First, Middle Initial)
Robert Sigal, MD

Mailing Address
1776 Old Meadow Road

City: McLean State: VA Zip Code: 22102

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 29 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4910

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

**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: (check only one) PAGE 53 / 73

[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): Joel Singer, MD
Mailing Address: 32 Imperial Ave.
City: Westport State: CT Zip Code: 06880
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 11 27 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4929

**B.**
Full Name (Last, First, Middle Initial): Raymond Smith, MD
Mailing Address: 926 Pen Ave.
City: Wyomissing State: PA Zip Code: 19610
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 28 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4989

**C.**
Full Name (Last, First, Middle Initial): Scott Spear, MD
Mailing Address: Georgetown Univ. Hosptal 3800 Reservoir Rd., NW
City: Washington State: DC Zip Code: 20007
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 11 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4897

**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: (check only one) PAGE 54 / 73

[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): Russel Stokes, MD
Mailing Address: 2320 Bath Street, Ste. 307
City: Santa Barbara State: CA Zip Code: 93105
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4496

**B.**
Full Name (Last, First, Middle Initial): Elis Tevin, MD
Mailing Address: 8035 Providence Rd., Ste. 315
City: Charlotte State: NC Zip Code: 28277
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 26 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.5359

**C.**
Full Name (Last, First, Middle Initial): Anne Taylor, MD
Mailing Address: 5969 E. Broad St., Ste. 403
City: Columbus State: OH Zip Code: 43213
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 22 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5361

**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: (check only one) PAGE 55 / 73

[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): Dennis Thompson, MD
Mailing Address: 2001 Santa Monica Blvd. Ste. 1180-W
City: Santa Monica State: CA Zip Code: 90404
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 09 30 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4668

**B.**
Full Name (Last, First, Middle Initial): Michael Tolson, MD
Mailing Address: 1296 Simms St., Ste. B
City: Gainesville State: GA Zip Code: 30501
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 08 24 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5367

**C.**
Full Name (Last, First, Middle Initial): Jon Paul Trevisani, MD
Mailing Address: 413 Lake Howell Road
City: Maitland State: FL Zip Code: 32751
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 08 24 2001
Amount of Each Receipt this Period: 300.00
Transaction ID: SA11A1.4528

**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: (check only one) PAGE 56 / 73

[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): Fredrick Valauri MD
Mailing Address: 3 East 78th St.
City: New York State: NY Zip Code: 10021
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 24 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5370

**B.**
Full Name (Last, First, Middle Initial): Paul Venek, MD
Mailing Address: 9485 Mentor Avenue, Ste. 100
City: Mentor State: OH Zip Code: 44060
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 20 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4806

**C.**
Full Name (Last, First, Middle Initial): Peter Van Hoy, MD
Mailing Address: 2228 Cahaba Valley Dr.
City: Birmingham State: AL Zip Code: 35242
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 31 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5373

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

**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: (check only one) PAGE 57 / 73

[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)
Benjamin Van Raalte, MD

Mailing Address
1228 East Rusholme St., Ste. 108

City: Davenport | State: IA | Zip Code: 52801

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 26 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.5375

**B.** Full Name (Last, First, Middle Initial)
Burr Von Maur, MD

Mailing Address
27800 Medical Center Dr., Ste. 351

City: Mission Viejo | State: CA | Zip Code: 92651

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 21 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4980

**C.** Full Name (Last, First, Middle Initial)
James Wade, MD

Mailing Address
5233 Dijon Drive

City: Baton Rouge | State: LA | Zip Code: 70808

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 10 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4548

**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: (check only one) PAGE 58 / 73

[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)
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.

Name of Employer: Self
Occupation: Physicican

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 06 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4811

**B.** Full Name (Last, First, Middle Initial)
Brian West, MD

Mailing Address
2 Medical Plaza, Ste.130

City: Roseville | State: CA | Zip Code: 95661

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 14 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4899

**C.** Full Name (Last, First, Middle Initial)
Steven White, MD

Mailing Address
1275 21st Avenue North

City: Myrtle Beach | State: SC | Zip Code: 29577

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 18 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.4744

**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: (check only one) PAGE 59 / 73

[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): Richard Winters, MD
Mailing Address: 1425 Glenburnie Rd.
City: New Bern | State: NC | Zip Code: 28562
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 07 28 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.5383

**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.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 07 26 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.5385

**C.**
Full Name (Last, First, Middle Initial): Karl Wustrack, MD
Mailing Address: 1830 Blankenship Rd., Ste. 100
City: West Linn | State: OR | Zip Code: 97068
FEC ID number of contributing federal political committee.
Name of Employer: Self
Occupation: Physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 30 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4840

**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

FOR LINE NUMBER: (check only one) PAGE 60 / 73

[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)
Sean Younai, MD

Mailing Address
16311 Ventura Blvd., Ste. 1010

City: Encino | State: CA | Zip Code: 91436

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 28 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4441

**B.** Full Name (Last, First, Middle Initial)
V. Leroy Young, MD

Mailing Address
1040 N. Mason Rd., Ste. 208

City: St. Louis | State: MO | Zip Code: 63141

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 07 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4951

**C.** Full Name (Last, First, Middle Initial)
Paul Zwiebel, MD, DMD

Mailing Address
206 W. County Line Rd., Ste. 210

City: Littleton | State: CO | Zip Code: 80129

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 02 2001

Amount of Each Receipt this Period: 300.00

Transaction ID: SA11A1.5389

**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: (check only one) PAGE 61 / 73

[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)
Paul Zwiebel MD

Mailing Address
208 W. County Line Rd., Ste. 210

City: Littleton
State: CO
Zip Code: 80129

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Physician

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
09 15 2001

Amount of Each Receipt this Period
300.00

Transaction ID: SA11A1.4588

B.

C.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **51019.00**

# 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



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

**A.** Full Name (Last, First, Middle Initial)
Shelley BERKLEY FOR CONGRESS

Mailing Address
3069 CONQUISTA COURT

City: LAS VEGAS | State: NV | Zip Code: 89121

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NV District: 01

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 01 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5011

**B.** Full Name (Last, First, Middle Initial)
BENJAMIN L CARDIN

Mailing Address
9 WHITEBRIDGE COURT

City: BALTIMORE | State: MD | Zip Code: 21208

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MD District: 03

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5414

**C.** Full Name (Last, First, Middle Initial)
JEFFREY WILLIAM COLYER

Mailing Address
12806 W 122ND STREET

City: OVERLAND PARK | State: KS | Zip Code: 66213

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: KS District: 03

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 12 20 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.5085

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **7000.00**

**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



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

**A.**
Full Name (Last, First, Middle Initial)
ELIZABETH DOLE

Mailing Address
712 SOUTH FULTON STREET

City: SALISBURY
State: NC
Zip Code: 28144

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5047

**B.**
Full Name (Last, First, Middle Initial)
DREIER FOR CONGRESS COMMITTEE

Mailing Address
PO BOX 1110

City: COVINA
State: CA
Zip Code: 91722

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 28

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5055

**C.**
Full Name (Last, First, Middle Initial)
ENGEL FOR CONGRESS

Mailing Address
462 CALIFORNIA RD

City: BRONXVILLE
State: NY
Zip Code: 10708

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5059

**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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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

**A.** Full Name (Last, First, Middle Initial)
ANNA G ESHOO

Mailing Address
40 ISABELLA AVENUE
City: ATHERTON State: CA Zip Code: 94027

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 14

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5024

**B.** Full Name (Last, First, Middle Initial)
FITZGERALD FOR SENATE INC

Mailing Address
50 NORTH BROCKWAY STREET SUITE 4-B
City: PALATINE State: IL Zip Code: 60067

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5043

**C.** Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address
607 14TH STREET NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20005

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OH District: 13

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5018

**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

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

**A.**
Full Name (Last, First, Middle Initial)
BENJAMIN A CONGRESSMAN GILMAN

Mailing Address
16 ORCHARD STREET
City: MIDDLETOWN State: NY Zip Code: 10940

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NY District: 20

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5053

**B.**
Full Name (Last, First, Middle Initial)
HEATHER WILSON FOR CONGRESS

Mailing Address
PO BOX 14070
City: ALBUQUERQUE State: NM Zip Code: 87191

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NM District: 01

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5030

**C.**
Full Name (Last, First, Middle Initial)
Tim HUTCHINSON FOR SENATE

Mailing Address
PO BOX 999
City: ROGERS State: AR Zip Code: 72757

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5009

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2000.00**

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial)
Tim HUTCHINSON FOR SENATE

Mailing Address
PO BOX 998
City: ROGERS State: AR Zip Code: 72757

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 11 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5051

**B.** Full Name (Last, First, Middle Initial)
NANCY L JOHNSON

Mailing Address
141 SOUTH MOUNTAIN DR
City: NEW BRITAIN State: CT Zip Code: 06052

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CT District: 06

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 11 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5063

**C.** Full Name (Last, First, Middle Initial)
Ric KELLER FOR CONGRESS

Mailing Address
PO BOX 1453
City: ORLANDO State: FL Zip Code: 32802

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 08

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 08 01 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5028

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

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial)
LINDSEY GRAHAM FOR SENATE

Mailing Address
PO BOX 1155

City: SENECA | State: SC | Zip Code: 29679

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5045

**B.** Full Name (Last, First, Middle Initial)
MAC COLLINS FOR CONGRESS

Mailing Address
PO BOX 35

City: JONESBORO | State: GA | Zip Code: 30237

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: GA District: 03

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5036

**C.** Full Name (Last, First, Middle Initial)
MARTIN FROST CAMPAIGN COMMITTEE

Mailing Address
400 S ZANG #1414

City: DALLAS | State: TX | Zip Code: 75208

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: TX District: 24

Disbursement For: 2002 X Primary General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5049

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

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.**
Full Name (Last, First, Middle Initial)
MCCRERY FOR CONGRESS

Mailing Address
1600 DEPOSIT GUARANTY TOWER 333 TEXAS STREET
City: SHREVEPORT State: LA Zip Code: 71101

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: LA District: 04

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 01 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5026

**B.**
Full Name (Last, First, Middle Initial)
NORWOOD FOR CONGRESS

Mailing Address
CLAUSSEN ROAD PO BOX 489
City: AUGUSTA State: GA Zip Code: 30907

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: GA District: 10

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 01 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5022

**C.**
Full Name (Last, First, Middle Initial)
Frank PALLONE FOR CONGRESS

Mailing Address
PO BOX 3176
City: LONG BRANCH State: NJ Zip Code: 07740

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NJ District: 06

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 01 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5014

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

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial)
CLIFFORD B STEARNS

Mailing Address
2071 SE 54TH TERRACE

City: OCALA | State: FL | Zip Code: 34471

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 06

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5057

**B.** Full Name (Last, First, Middle Initial)
TED STRICKLAND

Mailing Address
PO BOX 580

City: LUCASVILLE | State: OH | Zip Code: 45648

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OH District: 06

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5032

**C.** Full Name (Last, First, Middle Initial)
TEXANS FOR HENRY BONILLA

Mailing Address
PO BOX 17292

City: SAN ANTONIO | State: TX | Zip Code: 78217

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: TX District: 23

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 500.00

Transaction ID: SB23.5034

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2000.00**

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.** Full Name (Last, First, Middle Initial)
WILLIAM M THOMAS

Mailing Address
PO BOX 395
City: BAKERSFIELD State: CA Zip Code: 93302

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CA District: 22

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 01 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5417

**B.** Full Name (Last, First, Middle Initial)
JOHN THUNE

Mailing Address
PO BOX 516
City: SIOUX FALLS State: SD Zip Code: 57101

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5069

**C.** Full Name (Last, First, Middle Initial)
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address
PO BOX 1859
City: SIOUX FALLS State: SD Zip Code: 57101

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 11 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5039

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

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.**
Full Name (Last, First, Middle Initial)
TORRICELLI FOR U S SENATE INC

Mailing Address
1300 CONNECTICUTT AVE NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20036

Purpose of Disbursement

Candidate Name

Category/Type

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

Disbursement For: 2002 X Primary General Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5067

**B.**
Full Name (Last, First, Middle Initial)
NYDIA M VELAZQUEZ

Mailing Address
370 UNION STREET
City: BROOKLYN State: NY Zip Code: 11231

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: NY District: 12

Disbursement For: 2002 X Primary General Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5065

**C.**
Full Name (Last, First, Middle Initial)
GERALD C 'JERRY' WELLER

Mailing Address
PO BOX 15283
City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 11

Disbursement For: 2002 X Primary General Other (specify)

Date of Disbursement: 11 / 15 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.5041

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

**TOTAL** This Period (last page this line number only) ..... ▶ **31000.00**

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

Use separate schedule(s) for 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)
Membership Marketing Services
Mailing Address
1280 Perimeter Parkway
City: Virginia Beach State: VA Zip Code: 23454
Purpose of Disbursement
Consulting Services
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 07 / 31 / 2001
Amount of Each Disbursement this Period: 5651.35
Transaction ID: SB29.5075

**B.**
Full Name (Last, First, Middle Initial)
Membership Marketing Services
Mailing Address
1280 Perimeter Parkway
City: Virginia Beach State: VA Zip Code: 23454
Purpose of Disbursement
Consulting Services
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 4767.18
Transaction ID: SB29.5083

**C.**
Full Name (Last, First, Middle Initial)
Membership Marketing Services
Mailing Address
1280 Perimeter Parkway
City: Virginia Beach State: VA Zip Code: 23454
Purpose of Disbursement
Consulting Services
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 15 / 2001
Amount of Each Disbursement this Period: 3745.78
Transaction ID: SB29.5076

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **14164.31**

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

# SCHEDULE B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS

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

**A.**
Full Name (Last, First, Middle Initial)
Membership Marketing Services

Mailing Address
1280 Perimeter Parkway
City: Virginia Beach
State: VA
Zip Code: 23454

Purpose of Disbursement
Consulting Services

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 11 / 16 / 2001

Amount of Each Disbursement this Period: 5638.68

Transaction ID: SB29.5081

**B.**
Full Name (Last, First, Middle Initial)
Membership Marketing Services

Mailing Address
1280 Perimeter Parkway
City: Virginia Beach
State: VA
Zip Code: 23454

Purpose of Disbursement
Consulting Services

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 18 / 2001

Amount of Each Disbursement this Period: 2918.43

Transaction ID: SB29.5082

**C.**
Full Name (Last, First, Middle Initial)
Payments at Merchant Services

Mailing Address
PO Box 8600
City: Hagerstown
State: MD
Zip Code: 21741

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 15 / 2001

Amount of Each Disbursement this Period: 897.07

Transaction ID: SB29.5394

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **9454.18**

**TOTAL** This Period (last page this line number only) ..... ▶ **23618.49**