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)
Payments at Merchant Services

Mailing Address
PO Box 6600
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: 01 / 31 / 2002

Amount of Each Disbursement this Period: 12.00

Transaction ID: SB29.5525

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

Mailing Address
PO Box 6600
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: 02 / 28 / 2002

Amount of Each Disbursement this Period: 35.85

Transaction ID: SB29.5526

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

Mailing Address
PO Box 6600
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: 03 / 29 / 2002

Amount of Each Disbursement this Period: 28.02

Transaction ID: SB29.5527

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **75.87**

TOTAL This Period (last page this line number only) ..... ▶ **75.87**