

**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) ARLINGTON HEIGHTS IL 80005

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00249342

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

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	<input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on				in the State of
	Termination Report (TER)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on				in the State of

5. Covering Period 01 01 2003 through 06 30 2003

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 07 08 2003

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							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		77204.50
(b) Cash on Hand at Beginning of Reporting Period .....	77204.50	
(c) Total Receipts (from Line 19) .....	15727.50	15727.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	92932.00	92932.00
<hr/>		
7. Total Disbursements (from Line 31) .....	54104.59	54104.59
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38827.41	38827.41
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2003 To: <sup>N</sup>06 <sup>-</sup>30 <sup>-</sup>2003

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) .....	10500.00	
(ii) Unitemized .....	5227.50	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	15727.50	15727.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15727.50	15727.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15727.50	15727.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15727.50	15727.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	54000.00	54000.00
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.....	104.59	104.59
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54104.59	54104.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	54104.59	54104.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15727.50	15727.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15727.50	15727.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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**

Full Name (Last, First, Middle Initial) <b>A. Samuel Bern, MD</b>		Date of Receipt M / D / Y 06 / 10 / 2003
Mailing Address 1280 South Victoria Ave., Ste. 201		Transaction ID: SA11A1.7077
City Ventura	State CA	Zip Code 93003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Stafford Braumand, MD</b>		Date of Receipt M / D / Y 06 / 27 / 2003
Mailing Address 740 Park Ave.		Transaction ID: SA11A1.7056
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Michael Bryant, MD</b>		Date of Receipt M / D / Y 06 / 12 / 2003
Mailing Address 1991 Hyde Park St., Ste. 2		Transaction ID: SA11A1.6995
City Sarasota	State FL	Zip Code 34239
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Glenn Davis, MD Mailing Address 4301 Lake Boone Trail City State Zip Code Raleigh NC 27607		Date of Receipt M / D / Y 05 / 20 / 2003 Transaction ID: SA11A1.7035 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Donald Dambrowski, MD Mailing Address 3000 W. Charleston Blvd., Ste. 1 City State Zip Code Las Vegas NV 89102		Date of Receipt M / D / Y 06 / 13 / 2003 Transaction ID: SA11A1.6997 Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Dyss, MD Mailing Address 2860 Dauphin St., Ste. A City State Zip Code Mobile AL 36608-2457		Date of Receipt M / D / Y 06 / 25 / 2003 Transaction ID: SA11A1.7050 Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Genecov, MD</b>		Date of Receipt M / D / Y 05 / 30 / 2003	
Mailing Address 7777 Forest Ln. Ste. C717		Transaction ID: SA11A1.7034	
City State Zip Code Dallas TX 75230	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ben Hugo, MD</b>		Date of Receipt M / D / Y 06 / 23 / 2003	
Mailing Address 1101 First Colonial Rd., Ste. 201		Transaction ID: SA11A1.7087	
City State Zip Code Virginia Beach VA 23454	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. John Kalleher, MD, Jr.</b>		Date of Receipt M / D / Y 06 / 20 / 2003	
Mailing Address 181D Koulter Drive		Transaction ID: SA11A1.7071	
City State Zip Code Amarillo TX 79108	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ..... ▶	<b>1750.00</b>
TOTAL This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Klein, MD</b>		Date of Receipt M / D / Y 05 / 20 / 2003
Mailing Address 398 Cooperfield Blvd. NE		Transaction ID: SA11A1.6984
City Concord	State NC	Zip Code 28025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Korrick, MD</b>		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 900 West Moreland Suite A071, 107		Transaction ID: SA11A1.7049
City Lake Forest	State IL	Zip Code 60045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Phil Lambrecht, MD</b>		Date of Receipt M / D / Y 06 / 08 / 2003
Mailing Address 350 S. 8th St		Transaction ID: SA11A1.7009
City West Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Hans Lee, MD Mailing Address 526 Sheridan Circle City Charleston State WV Zip Code 25314 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M / D / Y 06 / 09 / 2003 Transaction ID: SA11A1.7005 Amount of Each Receipt this Period 500.00
Name of Employer Self Occupation Physician	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Billy Lynn, MD Mailing Address 134B Walton Way, Ste. 6300 City Augusta State GA Zip Code 30901 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M / D / Y 06 / 23 / 2003 Transaction ID: SA11A1.7054 Amount of Each Receipt this Period 500.00
Name of Employer Self Occupation Physician	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Eric Merkitt, MD Mailing Address 2700 Grant St., Ste. 302 City Concord State CA Zip Code 94520 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M / D / Y 06 / 04 / 2003 Transaction ID: SA11A1.6982 Amount of Each Receipt this Period 250.00
Name of Employer Self Occupation Physician	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 / 30	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John McIssack, MD</b>		Date of Receipt M / D / Y <b>06 / 24 / 2003</b>
Mailing Address <b>344D Lomita Blvd., Ste. 150</b>		Transaction ID: <b>SA11A1.7044</b>
City <b>Torrance</b>	State <b>CA</b>	Zip Code <b>90505</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Sonya Meriman, MD</b>		Date of Receipt M / D / Y <b>06 / 12 / 2003</b>
Mailing Address <b>2704 N. Oak St., Bldg. K</b>		Transaction ID: <b>SA11A1.7028</b>
City <b>Valdosta</b>	State <b>GA</b>	Zip Code <b>31602</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Wandra Miles, MD</b>		Date of Receipt M / D / Y <b>06 / 18 / 2003</b>
Mailing Address <b>1221 Madison, Ste. 1520</b>		Transaction ID: <b>SA11A1.7072</b>
City <b>Seattle</b>	State <b>WA</b>	Zip Code <b>98104</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. Roger Mixer, MD</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 400 W. Silver Spring Dr.		Transaction ID: SA11A1.7040
City Milwaukee	State WI	Zip Code 53217
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00

Full Name (Last, First, Middle Initial) <b>B. James Roszel, MD</b>		Date of Receipt M / D / Y 06 / 25 / 2003
Mailing Address 3433 West Alabama Suite D		Transaction ID: SA11A1.7048
City Houston	State TX	Zip Code 77027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) <b>C. Kenneth Geyer, MD</b>		Date of Receipt M / D / Y 06 / 05 / 2003
Mailing Address 7777 Forest Lane, Ste. C-717		Transaction ID: SA11A1.7024
City Dallas	State TX	Zip Code 75230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1100.00</b>
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 / 30	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial) <b>A. Laura Semb, MD</b>		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address 14315 S. 108th Avenue Suite 114		Transaction ID: SA11A1.7025
City Orland Park	State IL	Zip Code 60467
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Shapiro, MD</b>		Date of Receipt M / D / Y 06 / 26 / 2003
Mailing Address 194D Opitz Blvd.		Transaction ID: SA11A1.7041
City Woodbridge	State VA	Zip Code 22191
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. William Strider, MD</b>		Date of Receipt M / D / Y 06 / 03 / 2003
Mailing Address 116 Christie Drive		Transaction ID: SA11A1.7021
City Lufkin	State TX	Zip Code 75504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 30	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dennis Thompson, MD</b>		Date of Receipt M / D / Y 06 / 01 / 2003
Mailing Address 2001 Santa Monica Blvd. Ste. 1180-W		Transaction ID: SA11A1.7028
City Santa Monica	State CA	Zip Code 90404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Weiss, MD</b>		Date of Receipt M / D / Y 02 / 03 / 2003
Mailing Address 11 Ross Rd.		Transaction ID: SA11A1.6971
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	550.00
TOTAL This Period (last page this line number only) .....	▶	10500.00

**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)				PAGE 15 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. ALLIANCE FOR THE WEST</b>		Transaction ID: SB23.7143 Date of Disbursement 04 / 01 / 2003		
Mailing Address P.O. Box 26368		Amount of Each Disbursement this Period  1000.00		
City Alexandria	State VA			Zip Code 22313
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) <b>B. AMERICA'S MAJORITY TRUST</b>		Transaction ID: SB23.7175 Date of Disbursement 04 / 01 / 2003		
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period  2000.00		
City Washington	State DC			Zip Code 20036
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼			
State: District				

Full Name (Last, First, Middle Initial) <b>C. BILL THOMAS CAMPAIGN COMMITTEE</b>		Transaction ID: SB23.7114 Date of Disbursement 02 / 10 / 2003		
Mailing Address PO BOX 395		Amount of Each Disbursement this Period  1000.00		
City BAKERSFIELD	State CA			Zip Code 93302
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary X General Other (specify) ▼			
State: CA District 21				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 16 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. CAMPBELL VICTORY FUND</b>		Transaction ID: SB23.7141 Date of Disbursement 04 / 01 / 2003
Mailing Address 3234A W GIRARD AVENUE		Amount of Each Disbursement this Period  2000.00
City ENGLEWOOD	State CO Zip Code 80110	
Purpose of Disbursement		
Candidate Name		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CO District: D0		

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER COX CONGRESSIONAL COMMITTEE</b>		Transaction ID: SB23.7155 Date of Disbursement 04 / 01 / 2003
Mailing Address PO BOX 8088-C		Amount of Each Disbursement this Period  1000.00
City NEWPORT BEACH	State CA Zip Code 92658	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA District: 48		

Full Name (Last, First, Middle Initial) <b>C. COBLE FOR CONGRESS</b>		Transaction ID: SB23.7153 Date of Disbursement 04 / 01 / 2003
Mailing Address PO Box 1177 PO Box 1177		Amount of Each Disbursement this Period  1000.00
City Greensboro	State NC Zip Code 27402	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: NC District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 17 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. EVAN BAYH COMMITTEE</b>		Transaction ID: SB23.7135 Date of Disbursement 04 / 01 / 2003		
Mailing Address 251 EAST OHIO STREET #350		Amount of Each Disbursement this Period  2000.00		
City INDIANAPOLIS	State IN			Zip Code 46204
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: IN	District: 00			

Full Name (Last, First, Middle Initial) <b>B. FITZGERALD FOR SENATE INC</b>		Transaction ID: SB23.7124 Date of Disbursement 02 / 10 / 2003		
Mailing Address 50 NORTH BROCKWAY STREET SUITE 4-9		Amount of Each Disbursement this Period  1000.00		
City PALATINE	State IL			Zip Code 60067
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: IL	District: 00			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS FOR HARRY REID</b>		Transaction ID: SB23.7131 Date of Disbursement 02 / 10 / 2003		
Mailing Address PO BOX 85223		Amount of Each Disbursement this Period  1000.00		
City LAS VEGAS	State NV			Zip Code 89185
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: NV	District: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 18 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF BLANCHE LINCOLN</b>		Transaction ID: SB23.7147 Date of Disbursement 04 / 01 / 2003		
Mailing Address PO BOX 3197 PO BOX 11B		Amount of Each Disbursement this Period  2000.00		
City LITTLE ROCK	State AR			Zip Code 72203
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: AR	District: D0			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CAROLYN MCCARTHY</b>		Transaction ID: SB23.7171 Date of Disbursement 04 / 01 / 2003		
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period  2000.00		
City Mincola	State NY			Zip Code 11501
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: NY	District: D4			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JENNIFER B DUNN</b>		Transaction ID: SB23.7159 Date of Disbursement 04 / 01 / 2003		
Mailing Address P.O. Box 4D110		Amount of Each Disbursement this Period  2000.00		
City Bellevue	State WA			Zip Code 98015
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: WA	District: D8			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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)				PAGE 19 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JOE PITTS</b>		Transaction ID: SB23.7129 Date of Disbursement 02 / 10 / 2003		
Mailing Address P.O. BOX 775		Amount of Each Disbursement this Period  1000.00		
City UNIONVILLE	State PA			Zip Code 19375
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: PA District 16	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MARY LANDRIEU INC</b>		Transaction ID: SB23.7145 Date of Disbursement 04 / 01 / 2003		
Mailing Address 607 14TH STREET NW SUITE 800 SUITE 1434		Amount of Each Disbursement this Period  1000.00		
City WASHINGTON	State DC			Zip Code 20005
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President State: LA District 00	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF MAX BAUCUS</b>		Transaction ID: SB23.7133 Date of Disbursement 04 / 01 / 2003		
Mailing Address PO BOX 586		Amount of Each Disbursement this Period  1000.00		
City HELENA	State MT			Zip Code 59624
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President State: MT District 00	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 20 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) A. FRIST 2000 INC		Transaction ID: SB23.7095 Date of Disbursement 02 / 10 / 2003		
Mailing Address PO BOX 158552		Amount of Each Disbursement this Period  1000.00		
City NASHVILLE	State TN			Zip Code 37215
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: TN	District: D0			

Full Name (Last, First, Middle Initial) B. GINGREY FOR CONGRESS		Transaction ID: SB23.7127 Date of Disbursement 02 / 10 / 2003		
Mailing Address PO Box U		Amount of Each Disbursement this Period  1000.00		
City Marietta	State GA			Zip Code 30060
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2003 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: GA	District: 11			

Full Name (Last, First, Middle Initial) C. GRASSLEY COMMITTEE		Transaction ID: SB23.7125 Date of Disbursement 02 / 10 / 2003		
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period  1000.00		
City DES MOINES	State IA			Zip Code 50304
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: IA	District: D0			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
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)				PAGE 21 / 30			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.7116 Date of Disbursement 02 / 10 / 2003	
Mailing Address P.O. Box 15283			
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: IL District: 11			

Full Name (Last, First, Middle Initial) B. JOHN BREAUX COMMITTEE		Transaction ID: SB23.7137 Date of Disbursement 04 / 01 / 2003	
Mailing Address POST OFFICE BOX 4042			
City BATON ROUGE	State LA	Zip Code 70821	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: LA District: 00			

Full Name (Last, First, Middle Initial) C. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.7157 Date of Disbursement 04 / 01 / 2003	
Mailing Address 807 14th Street N.W. Suite 800			
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: MI District: 15			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
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)				PAGE 22 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. JOHNSON FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.7166 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period  1000.00	
City New Britain	State CT		Zip Code 06050
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: CT District: D5	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JUDD GREGG COMMITTEE</b>		Transaction ID: SB23.7099 Date of Disbursement 02 / 10 / 2003	
Mailing Address PO BOX 1812		Amount of Each Disbursement this Period  1000.00	
City CONCORD	State NH		Zip Code 03302
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President State: NH District: D0	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LATHAM FOR CONGRESS</b>		Transaction ID: SB23.7170 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO Box 71 PO BOX 71		Amount of Each Disbursement this Period  2000.00	
City Clarion	State IA		Zip Code 50525
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: IA District: D4	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 23 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. MARTIN FROST CAMPAIGN COMMITTEE</b>		Transaction ID: SB23.7163 Date of Disbursement 04 / 01 / 2003	
Mailing Address 400 S ZANG #1414		Amount of Each Disbursement this Period  1000.00	
City DALLAS	State TX		Zip Code 75208
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 24	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MCCREY FOR CONGRESS</b>		Transaction ID: SB23.7172 Date of Disbursement 04 / 01 / 2003	
Mailing Address 1900 DEPOSIT GUARANTY TOWER 333 TEXAS STREET		Amount of Each Disbursement this Period  1000.00	
City SHREVEPORT	State LA		Zip Code 71101
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: 04	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MIKE BILIRAKIS FOR CONGRESS</b>		Transaction ID: SB23.7151 Date of Disbursement 04 / 01 / 2003	
Mailing Address P O BOX 1077		Amount of Each Disbursement this Period  2000.00	
City TARPON SPRINGS	State FL		Zip Code 34688
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 09	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 24 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. NELSON FOR U S SENATE</b>		Transaction ID: SB23.7149 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO BOX 540154			
City OMAHA	State NE	Zip Code 68154	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NE	District: D0		

Full Name (Last, First, Middle Initial) <b>B. NORWOOD FOR CONGRESS</b>		Transaction ID: SB23.7173 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO Box 488 PO BOX 488			
City Evans	State GA	Zip Code 30800	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: GA	District: 10		

Full Name (Last, First, Middle Initial) <b>C. PALLONE FOR CONGRESS</b>		Transaction ID: SB23.7128 Date of Disbursement 02 / 10 / 2003	
Mailing Address PO BOX 3176			
City LONG BRANCH	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NJ	District: 06		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 25 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. PEOPLE WITH HART INC</b>		Transaction ID: SB23.7164 Date of Disbursement 04 / 01 / 2003	
Mailing Address PO BOX 435			
City WEXFORD	State PA	Zip Code 15090	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: PA	District: D4		

Full Name (Last, First, Middle Initial) <b>B. PICKERING FOR CONGRESS</b>		Transaction ID: SB23.7174 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. Box 6440 P.O. Box 6440			
City Laurel	State MS	Zip Code 39441	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: MS	District: D3		

Full Name (Last, First, Middle Initial) <b>C. RICHARD BURR COMMITTEE</b>		Transaction ID: SB23.7126 Date of Disbursement 02 / 10 / 2003	
Mailing Address Post Office Box 5928			
City Winston-Salem	State NC	Zip Code 27113	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NC	District: D5		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)				PAGE 26 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. SAM BROWNBACK FOR SENATE COMMITTEE</b>		Transaction ID: SB23.7090 Date of Disbursement 02 / 10 / 2003	
Mailing Address P.O. BOX 2008		Amount of Each Disbursement this Period  1000.00	
City TOPEKA	State KS		Zip Code 66601
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: KS	District: D0		

Full Name (Last, First, Middle Initial) <b>B. SAM BROWNBACK FOR SENATE COMMITTEE</b>		Transaction ID: SB23.7140 Date of Disbursement 04 / 01 / 2003	
Mailing Address P.O. BOX 2008		Amount of Each Disbursement this Period  1000.00	
City TOPEKA	State KS		Zip Code 66601
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: KS	District: D0		

Full Name (Last, First, Middle Initial) <b>C. SUE KELLY FOR CONGRESS</b>		Transaction ID: SB23.7168 Date of Disbursement 04 / 01 / 2003	
Mailing Address 700 WHITE PLAINS ROAD SUITE 301		Amount of Each Disbursement this Period  2000.00	
City SCARSDALE	State NY		Zip Code 10583
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: NY	District: 19		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>4000.00</b>
<b>TOTAL</b> 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)				PAGE 27 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. TEAM EMERSON</b>		Transaction ID: SB23.7160 Date of Disbursement 04 / 01 / 2003		
Mailing Address P.O. Box 822 P.O. Box 822		Amount of Each Disbursement this Period  2000.00		
City Cape Girardeau	State MO			Zip Code 63702
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MO District: D8	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TEXANS FOR HENRY BONILLA</b>		Transaction ID: SB23.7152 Date of Disbursement 04 / 01 / 2003		
Mailing Address PO BOX 17282		Amount of Each Disbursement this Period  2000.00		
City SAN ANTONIO	State TX			Zip Code 78217
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: TX District: 23	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. THE BILLY TALZIN CONGRESSIONAL COMMITTEE</b>		Transaction ID: SB23.7132 Date of Disbursement 02 / 10 / 2003		
Mailing Address P.O. Box 2288		Amount of Each Disbursement this Period  1000.00		
City Houma	State LA			Zip Code 70361
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: <input checked="" type="checkbox"/> House Senate President State: LA District: 03	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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)						PAGE 28 / 30
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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

Full Name (Last, First, Middle Initial) A. TOM FEENEY FOR CONGRESS			Transaction ID: SB23.7161 Date of Disbursement 04 / 01 / 2003			
Mailing Address 1420 Alafaya Trail #103			Amount of Each Disbursement this Period  1000.00			
City Oveido	State FL	Zip Code 32765			Category/ Type	
Purpose of Disbursement						
Candidate Name						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼					
State: FL	District: 24					

Full Name (Last, First, Middle Initial) B. UPTON FOR ALL OF US			Transaction ID: SB23.7177 Date of Disbursement 04 / 01 / 2003			
Mailing Address PO BOX 490			Amount of Each Disbursement this Period  1000.00			
City ST JOSEPH	State MI	Zip Code 49085			Category/ Type	
Purpose of Disbursement						
Candidate Name						
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼					
State: MI	District: 06					

SUBTOTAL of Disbursements This Page (optional) .....	▶	2000.00
TOTAL This Period (last page this line number only) .....	▶	54000.00

**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)				PAGE 29 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. Payments at Merchant Services</b>		Transaction ID: SB29.7179 Date of Disbursement 01 / 31 / 2003		
Mailing Address PO Box 6600		Amount of Each Disbursement this Period  44.59		
City Hagerstown	State MD			Zip Code 21741
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Payments at Merchant Services</b>		Transaction ID: SB29.7180 Date of Disbursement 02 / 28 / 2003		
Mailing Address PO Box 6600		Amount of Each Disbursement this Period  12.00		
City Hagerstown	State MD			Zip Code 21741
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Payments at Merchant Services</b>		Transaction ID: SB29.7181 Date of Disbursement 03 / 31 / 2003		
Mailing Address PO Box 6600		Amount of Each Disbursement this Period  12.00		
City Hagerstown	State MD			Zip Code 21741
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>68.59</b>
<b>TOTAL</b> 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)				PAGE 30 / 30	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input checked="" type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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

Full Name (Last, First, Middle Initial) <b>A. Payments at Merchant Services</b>		Transaction ID: SB29.7182 Date of Disbursement 04 / 29 / 2003		
Mailing Address PO Box 6600		Amount of Each Disbursement this Period  12.00		
City Hagerstown	State MD			Zip Code 21741
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Payments at Merchant Services</b>		Transaction ID: SB29.7183 Date of Disbursement 05 / 31 / 2003		
Mailing Address PO Box 6600		Amount of Each Disbursement this Period  12.00		
City Hagerstown	State MD			Zip Code 21741
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Payments at Merchant Services</b>		Transaction ID: SB29.7184 Date of Disbursement 06 / 29 / 2003		
Mailing Address PO Box 6600		Amount of Each Disbursement this Period  12.00		
City Hagerstown	State MD			Zip Code 21741
Purpose of Disbursement				Category/ Type
Candidate Name				
Office Sought: House Senate President State: District	Disbursement For: Primary General Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>36.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>104.59</b>