

**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:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 X October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 January 31 Quarterly Report(YE) Election on in the State of  
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer Mr. William Seward

Signature of Treasurer Electronically Filed by Mr. William Seward Date 10 15 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

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

Report Covering the Period: From: <sup>07</sup> <sup>01</sup> <sup>2002</sup> To: <sup>09</sup> <sup>30</sup> <sup>2002</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>2002</sup> .....		91592.05
(b) Cash on Hand at Beginning of Reporting Period .....	123008.62	
(c) Total Receipts (from Line 19) .....	69224.00	124826.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	192232.62	216418.05
7. Total Disbursements (from Line 30) .....	77037.05	101222.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	115195.57	115195.57
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)

Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>09 <sup>DD</sup>30 <sup>YYYY</sup>2002

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	47130.00	
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	21094.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	68224.00	123826.00
(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) .....	68224.00	123826.00
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 .....	1000.00	1000.00
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) .....	69224.00	124826.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	69224.00	124826.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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.....	29322.77	29322.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	29322.77	29322.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	70500.00
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.....	714.28	1399.71
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	77037.05	101222.48
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	77037.05	101222.48
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	68224.00	123826.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	68224.00	123826.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	29322.77	29322.77
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	29322.77	29322.77

**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 / 63	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
Galea Agban, MD

Mailing Address  
1655 Elmwood Ave., Ste. 10D

City State Zip Code  
Rochester NY 14620

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6010

**B.** Full Name (Last, First, Middle Initial)  
Gary Alter, MD

Mailing Address  
416 N. Bedford Dr., Ste. 400

City State Zip Code  
Beverly Hills CA 90210

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6215

**C.** Full Name (Last, First, Middle Initial)  
Hamdraz Amirsheyban, MD

Mailing Address  
1130 Coffe Road, Ste. 5 B

City State Zip Code  
Modesto CA 95355

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.5973

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

**A.** Full Name (Last, First, Middle Initial)  
Goesel Anson, MD

Mailing Address  
7135 W. Sahara

City State Zip Code  
Las Vegas NV 89117

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6209

**B.** Full Name (Last, First, Middle Initial)  
Eric Bachelor, MD

Mailing Address  
1387 Santa Rita Rd.

City State Zip Code  
Pleasanton CA 94566

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6414

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

Mailing Address  
1387 Santa Rita Rd.

City State Zip Code  
Pleasanton CA 94566

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 29 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 400.00

Transaction ID: SA11A1.6452

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

Use separate schedule(s)  
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(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)  
Paramjit Bajaj, MD

Mailing Address  
6205 N. Santa Fe, Ste. 105

City State Zip Code  
Oklahoma OK 73118

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6055

**B.** Full Name (Last, First, Middle Initial)  
Gary Baker, MD

Mailing Address  
2801 Wyandotta St., Ste. 1061

City State Zip Code  
Kansas City MO 64108

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 15 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.6571

**C.** Full Name (Last, First, Middle Initial)  
Harold Beam, MD

Mailing Address  
300 Hebron Ave., Ste. 101

City State Zip Code  
Glastonbury CT 06033

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6415

**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)  
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 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Bosshardt, MD

Mailing Address  
1878 Nightingale Lane, Ste. A-2

City State Zip Code  
Tavares FL 32778-4363

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6238

**B.** Full Name (Last, First, Middle Initial)  
McIntyre Bridges, MD

Mailing Address  
4300 Youree Dr., Ste. 300

City State Zip Code  
Shreveport LA 71105

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6590

**C.** Full Name (Last, First, Middle Initial)  
Louis Bucky, MD

Mailing Address  
The Farm Journal Building, Ste.101 230 West Washington Square

City State Zip Code  
Philadelphia PA 19106

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6005

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

**A.** Full Name (Last, First, Middle Initial)  
Gregory Buncke, MD

Mailing Address  
45 Castro St., Ste. 140 N

City State Zip Code  
San Francisco CA 94114

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6232

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

Mailing Address  
520 US Hwy. A1a, Ste. 103

City State Zip Code  
Ponte Vedra Beach FL 32082

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6854

**C.** Full Name (Last, First, Middle Initial)  
William Carpenter, MD

Mailing Address  
3409 Worth St., Ste. 630

City State Zip Code  
Dallas TX 75246

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6296

**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 10 / 63	
	<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

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

Mailing Address  
875 Oak St., S.E., Ste 4080

City State Zip Code  
Salem OR 97301

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6146

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

Mailing Address  
3300 Webster St., Ste. 1106

City State Zip Code  
Oakland CA 94609

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6553

**C.** Full Name (Last, First, Middle Initial)  
Clifford Clark, MD

Mailing Address  
701 W. Morse Blvd.

City State Zip Code  
Winter Park FL 32789

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6431

**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 11 / 63	
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Harold Clevin, MD**

Mailing Address  
**2001 Santa Monica Blvd., Ste. 890W**

City State Zip Code  
**Santa Monica CA 90404**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 01 2002**

Amount of Each Receipt this Period  
**300.00**

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
**Self Physician**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **300.00**

Transaction ID: **SA11A1.6387**

**B.** Full Name (Last, First, Middle Initial)  
**J.L. Crow, MD**

Mailing Address  
**1000 S. Columbia Rd. Altru Health Systems**

City State Zip Code  
**Grand Forks ND 58201**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 08 2002**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
**Self Physician**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.5983**

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

Mailing Address  
**MMC 122 UMHC 420 Delaware St. SE**

City State Zip Code  
**Minneapolis MN 55455**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 03 2002**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
**Self Physician**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: **SA11A1.6086**

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 63

(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Full Name (Last, First, Middle Initial)

A. Richard A. D'Amico, MD

Mailing Address

180 N. Dean St. Suite 3 - NE

City

State

Zip Code

Englewood,

NJ

07631

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
08 / 28 / 2002

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

Transaction ID: SA11A1.6555

Full Name (Last, First, Middle Initial)

B. Jeffrey Darrow, MD

Mailing Address

170 Commonwealth Ave.

City

State

Zip Code

Boston

MA

02116

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
07 / 24 / 2002

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

Transaction ID: SA11A1.6254

Full Name (Last, First, Middle Initial)

C. Deason Dunagan, MD

Mailing Address

303 William Ave., Ste. 1421

City

State

Zip Code

Huntsville

AL

35801

FEC ID number of contributing  
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y  
07 / 10 / 2002

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

Transaction ID: SA11A1.5880

**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)  
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13 14 15 16 17

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

Full Name (Last, First, Middle Initial)  
**A. Judy Ann Emanuele, MD**

Mailing Address  
1025 Rosnoke Ave.

City State Zip Code  
Riverhead NY 11901

Date of Receipt  
M / D / Y  
07 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6071

Full Name (Last, First, Middle Initial)  
**B. Timothy Fee, MD**

Mailing Address  
4063 Salisbury Rd. North, Ste. 205

City State Zip Code  
Jacksonville FL 32216

Date of Receipt  
M / D / Y  
07 / 30 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6272

Full Name (Last, First, Middle Initial)  
**C. Barry Fernando, MD**

Mailing Address  
2398 E. Camelback Rd., Ste. 780

City State Zip Code  
Phoenix AZ 85016

Date of Receipt  
M / D / Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6582

**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 14 / 63	
	<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)  
**A. Thomas Francel, MD**

Mailing Address  
621 S. New Ballas, Ste. 1009-B

City State Zip Code  
St. Louis MO 63141

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6526

Full Name (Last, First, Middle Initial)  
**B. Ronald Freeman, MD**

Mailing Address  
380 Hospital Dr., Ste. 340 Bldg. A

City State Zip Code  
Macon GA 31217

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6480

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

Mailing Address  
135 San Marco Crive

City State Zip Code  
Venice FL 34265-3231

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6251

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

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

**A.** Full Name (Last, First, Middle Initial)  
Daniel Garitano, Md

Mailing Address  
483 S. Briarcliff Dr.

City State Zip Code  
Canfield OH 44406

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 03 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.6361

**B.** Full Name (Last, First, Middle Initial)  
Zachary Gerul, MD

Mailing Address  
1245 Colonial Rd.

City State Zip Code  
Hewlett NY 11557

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6427

**C.** Full Name (Last, First, Middle Initial)  
Peter Giacobazzi, MD

Mailing Address  
493 N. Camden Dr., Ste. 1170

City State Zip Code  
Beverly Hills CA 90210

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6249

**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 / 63
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Scot Glesberg, MD

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2002

Mailing Address  
42A East 74th Street

City State Zip Code  
New York NY 10021

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 572.00

Transaction ID: SA11A1.6075

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2002

Mailing Address  
2801 Randolph

City State Zip Code  
Charlotte NC 28211

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.5975

**C.** Full Name (Last, First, Middle Initial)  
Philip Grubbs, MD

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2002

Mailing Address  
1997 S. Main St., Ste. 704

City State Zip Code  
Blacksburg VA 24060

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6395

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

**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)  
Philip Heck MD

Mailing Address  
Cabrin Medical Tower 901 Boren Ave., Ste. 1650  
City State Zip Code  
Seattle WA 98104

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11A1.6538

**B.** Full Name (Last, First, Middle Initial)  
Thomas Hegerly, MD

Mailing Address  
117 Marys Ave., Ste. 204  
City State Zip Code  
Kingston NY 12401

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.6044

**C.** Full Name (Last, First, Middle Initial)  
Gary Hill MD

Mailing Address  
6908 Cooper  
City State Zip Code  
Shawnee KS 66216

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11A1.6534

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

**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)  
Jonathan Hall, MD

Mailing Address  
300 Quannapowitt Parkway

City State Zip Code  
Wakefield MA 01880

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6178

**B.** Full Name (Last, First, Middle Initial)  
Arthur Hensel, MD

Mailing Address  
5503 N. Federal Hwy.

City State Zip Code  
Boca Raton FL 33487

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6263

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth Harris, MD

Mailing Address  
540 Madison Oak, Ste. 560

City State Zip Code  
San Antonio TX 78258

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6491

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Haise, MD

Mailing Address  
3 Parkcenter Dr., Ste. 150

City State Zip Code  
Sacramento CA 95825

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11A1.6658

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

Mailing Address  
Indian University, Platic Surgery 702 Barnhill Dr., Rm. 2514

City State Zip Code  
Indianapolis IN 46202

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6660

**C.** Full Name (Last, First, Middle Initial)  
Karl Hatt, MD

Mailing Address  
500 W. 10th Place, Ste. 124

City State Zip Code  
Mesa AZ 85201

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.6152

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

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

**SCHEDULE A (FEC Form 3X)  
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or each category of the  
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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Full Name (Last, First, Middle Initial)  
**A. H. Louis Hill, MD**

Mailing Address  
Tallahassee Plastic Surgery 1704 Riggins Rd.  
City State Zip Code  
Tallahassee FL 32308

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6304

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

Mailing Address  
485 Cooper Rd., Ste. 108  
City State Zip Code  
Westerville OH 43081

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 25 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6463

Full Name (Last, First, Middle Initial)  
**C. Clyde Ishii, MD**

Mailing Address  
Queens Physician Office Building 1329 Lusitana St., Ste. 502  
City State Zip Code  
Honolulu HI 96813

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 15 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6204

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

**A.** Full Name (Last, First, Middle Initial)  
Ian Jackson, MD

Mailing Address  
16001 W. 9 Mile Rd. 3rd Floor Fisher

City State Zip Code  
Southfield MI 48075

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6374

**B.** Full Name (Last, First, Middle Initial)  
Ted Jackson, MD

Mailing Address  
415 Morris St #200

City State Zip Code  
Charleston WV 25301

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 17 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6177

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

Mailing Address  
2500 Metrohealth Dr.

City State Zip Code  
Cleveland OH 44107

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6567

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

**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)  
James Kad, MD, DDS

Mailing Address  
3537 S. Interstate 35, Suite 318

City State Zip Code  
Denton TX 76205

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.6641

**B.** Full Name (Last, First, Middle Initial)  
Ron Kalus, MD

Mailing Address  
1301 Taylor St., Ste. 10A

City State Zip Code  
Columbia SC 29201

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.6258

**C.** Full Name (Last, First, Middle Initial)  
Martin Kessen, MD

Mailing Address  
617 23rd St., Ste. 5

City State Zip Code  
Ashland KY 41101

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6077

**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

Full Name (Last, First, Middle Initial)  
**A. Jimmy Kee, MD**

Mailing Address  
1D Lyoak Cove

City State Zip Code  
Jackson TN 38305

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Amount of Each Receipt this Period 300.00

Transaction ID: SA11A1.6080

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

Mailing Address  
1800 Lehigh Parkway East

City State Zip Code  
Allentown PA 18103

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Amount of Each Receipt this Period 500.00

Transaction ID: SA11A1.6080

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

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

City State Zip Code  
Huntington NY 11743

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Amount of Each Receipt this Period 300.00

Transaction ID: SA11A1.6426

**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 24 / 63	
	<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

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

Mailing Address  
333 S. Kirkwood, Ste. 203

City State Zip Code  
St. Louis MO 63122

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6486

**B.** Full Name (Last, First, Middle Initial)  
Andrew Kornstein, MD

Mailing Address  
1050 5th Ave.

City State Zip Code  
New York NY 10028-0110

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6252

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Korpeck, MD

Mailing Address  
200 Glades Road, Ste. 1

City State Zip Code  
Boca Raton FL 33432

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 18 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6543

**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 25 / 63	
	<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)  
**A. Ary Kraw, MD**

Mailing Address  
1143 Kane Concourse  
City: Bay Harbor Island State: FL Zip Code: 33154

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self: Physician  
Occupation: Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6407

Full Name (Last, First, Middle Initial)  
**B. Lewis Ludessi, MD**

Mailing Address  
5855 Bremp Road, Ste. 507  
City: Richmond State: VA Zip Code: 23226

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self: Physician  
Occupation: Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6301

Full Name (Last, First, Middle Initial)  
**C. Lloyd Landsman, MD**

Mailing Address  
994 Jericho Tpke, Ste. 102  
City: Smithtown State: NY Zip Code: 11787

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self: Physician  
Occupation: Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6660

**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  
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(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial)

A. Leopoldo Lapuerta, MD

Mailing Address

1315 St. Joseph Pkwy, Ste. 050

City State Zip Code

Houston TX 77002

Date of Receipt

MM / DD / YYYY  
07 / 24 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 500.00

Name of Employer Self Occupation Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6290

Full Name (Last, First, Middle Initial)

B. Jean-Francois Lefevre, MD

Mailing Address

Univ. of S. Carolina, Surgery Dept 2 Richland Medical Park, Ste. 302

City State Zip Code

Columbia SC 29203

Date of Receipt

MM / DD / YYYY  
09 / 13 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 250.00

Name of Employer Self Occupation Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6804

Full Name (Last, First, Middle Initial)

C. Dann Leonard, MD

Mailing Address

NorthBank Plaz, Ste. 280 700 Bellevue St. South

City State Zip Code

Salem OR 97301

Date of Receipt

MM / DD / YYYY  
07 / 15 / 2002

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 250.00

Name of Employer Self Occupation Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6184

**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 27 / 63	
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**David Levine, MD**

Mailing Address  
**1725 University Dr., Ste. 440**

City State Zip Code  
**Coral Springs FL 33071**

Date of Receipt  
 N M / D E / Y Y Y Y  
**07 17 2002**

Amount of Each Receipt this Period  
**300.00**

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
**Self Physician**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **300.00**

Transaction ID: SA11A1.6186

**B.** Full Name (Last, First, Middle Initial)  
**Aldo Lombardo, MD**

Mailing Address  
**851 W. Indian Town Rd.**

City State Zip Code  
**Jupiter FL 33458**

Date of Receipt  
 N M / D E / Y Y Y Y  
**08 15 2002**

Amount of Each Receipt this Period  
**300.00**

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
**Self Physician**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **300.00**

Transaction ID: SA11A1.6404

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

Mailing Address  
**2961 River Ranch Rd.**

City State Zip Code  
**Temple TX 76502**

Date of Receipt  
 N M / D E / Y Y Y Y  
**07 01 2002**

Amount of Each Receipt this Period  
**250.00**

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
**Self Physician**

Receipt For: Aggregate Year-to-Date ▼  
 Primary General  
 Other (specify) ▼ **250.00**

Transaction ID: SA11A1.6078

**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 28 / 63
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Billy Lynn, MD

Mailing Address  
811 13th St., Ste. 28

City State Zip Code  
Augusta GA 30901

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.5978

**B.** Full Name (Last, First, Middle Initial)  
Stephen Malif, MD

Mailing Address  
4785 Kim Dr.

City State Zip Code  
Pocatello ID 83204

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 15 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6489

**C.** Full Name (Last, First, Middle Initial)  
Bernard Markowitz, MD

Mailing Address  
9675 Brighton Way, Ste. 350

City State Zip Code  
Beverly Hills CA 90210

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6379

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Marzek MD

Mailing Address  
33201 Lake Bend Circle

City State Zip Code  
Leesburg FL 34778

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6377

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

Mailing Address  
1301 20th Street

City State Zip Code  
Santa Monica CA 90404

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 270.00

Transaction ID: SA11A1.6881

**C.** Full Name (Last, First, Middle Initial)  
Michael McGuire, MD

Mailing Address  
1301 20th Street

City State Zip Code  
Santa Monica CA 90404

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 280.00

Transaction ID: SA11A1.6882

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

**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)  
Michael McGuire, MD

Mailing Address  
1301 20th Street

City State Zip Code  
Santa Monica CA 90404

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2002

Amount of Each Receipt this Period  
10.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 290.00

Transaction ID: SA11A1.6683

**B.** Full Name (Last, First, Middle Initial)  
Patricia McGuire, MD

Mailing Address  
675 Old Ballas Rd., Ste. 200

City State Zip Code  
St. Louis MO 63141

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6630

**C.** Full Name (Last, First, Middle Initial)  
Toby Meltzer, MD

Mailing Address  
1500 SW 1st Ave., Ste. 1120

City State Zip Code  
Portland OR 97201

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6622

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1010.00**

**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)  
Sonya Meriman, MD

Mailing Address  
2704 N. Oak St., Bldg. K

City State Zip Code  
Valdosta GA 31602

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6145

**B.** Full Name (Last, First, Middle Initial)  
Louis Mes, MD

Mailing Address  
1101 S. College Rd., Ste. 400

City State Zip Code  
Lafayette LA 70503

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 24 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6287

**C.** Full Name (Last, First, Middle Initial)  
Basil Michaels, MD

Mailing Address  
426 South Street

City State Zip Code  
Pittsfield MA 01201

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6562

**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

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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)  
Daniel Mills, MD

Mailing Address  
31852 PCH, Ste. 401

City State Zip Code  
Laguna Beach CA 92651

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6013

**B.** Full Name (Last, First, Middle Initial)  
Ali Mosharafa, MD

Mailing Address  
3301 N. 2nd Street

City State Zip Code  
Phoenix AZ 85012-2318

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: SA11A1.6892

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

Mailing Address  
2200 North Ave.

City State Zip Code  
Columbus GA 39104

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.6409

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

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



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

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or each category of the  
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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

**A.** Full Name (Last, First, Middle Initial)  
Herbert Nassour, MD

Mailing Address  
Providence Medical Plaza, Ste. 36D 125 W. Hague  
City State Zip Code  
El Paso TX 79902

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11A1.6313

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

Mailing Address  
7901 S. 12th St., Ste. 100  
City State Zip Code  
Portage MI 49024

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11A1.6307

**C.** Full Name (Last, First, Middle Initial)  
William Newton, MD

Mailing Address  
704 Gaslight Blvd.  
City State Zip Code  
Lufkin TX 79904

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Amount of Each Receipt this Period  
300.00

Transaction ID: SA11A1.6173

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Merel Olsen, MD

Mailing Address  
9850 Genesee Ave., Ste. 130

City State Zip Code  
La Jolla CA 92037-1206

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6309

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

Mailing Address  
2080 Century Park E, Ste. B10

City State Zip Code  
Los Angeles CA 90067

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6181

**C.** Full Name (Last, First, Middle Initial)  
William Pain, MD

Mailing Address  
625 Kent Ave., Ste. 309

City State Zip Code  
Cumberland MD 21502

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 17 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6487

**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  
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(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)  
Joseph Perlman MD

Mailing Address  
8111 cYPRESSWOOD dR.

City State Zip Code  
Spring TX 77379

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6541

**B.** Full Name (Last, First, Middle Initial)  
Otto Plask MD

Mailing Address  
100 W. Central Road, Ste. 308

City State Zip Code  
Arlington Heights IL 60005-2402

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6094

**C.** Full Name (Last, First, Middle Initial)  
David Pratt MD

Mailing Address  
4005 Colby Ave.

City State Zip Code  
Everett WA 98201

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.5998

**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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(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Norman Pullman, MD**

Mailing Address  
6802 E. 25th St. North

City State Zip Code  
Wichita KS 67226

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 20 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6217

Full Name (Last, First, Middle Initial)  
**B. David Reath, MD**

Mailing Address  
108 Northshore Dr., Ste. 101

City State Zip Code  
Knoxville TN 37919

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6269

Full Name (Last, First, Middle Initial)  
**C. Debra Ann Ralty, MD**

Mailing Address  
1119 Howard St. Apt. 902

City State Zip Code  
Omaha NE 68102

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6363

**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)  
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(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Azra Rezaei, MD**

Mailing Address  
930 Park Ave.  
City State Zip Code  
New York NY 10028

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6159

Full Name (Last, First, Middle Initial)  
**B. William Rigano, MD**

Mailing Address  
500 Lincoln Park Blvd., Ste. 203  
City State Zip Code  
kettering OH 45429

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6365

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

Mailing Address  
12300 Barley Hill Rd  
City State Zip Code  
Los Altos Hills CA 94024

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6245

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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(check only one)

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

Full Name (Last, First, Middle Initial)

A. Malcolm Roth, MD

Mailing Address

Brookdale Hospital Med. Ctr. One Brookdale Plaza

City State Zip Code

Brooklyn NY 11212

Date of Receipt

N M / D E / Y Y Y Y  
08 / 14 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: SA11A1.6420

Full Name (Last, First, Middle Initial)

B. Leonard Raudner, MD

Mailing Address

550 Biltmore Way, Ste. 890

City State Zip Code

Coral Gables FL 33134

Date of Receipt

N M / D E / Y Y Y Y  
07 / 17 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6187

Full Name (Last, First, Middle Initial)

C. James Ryekamp, MD

Mailing Address

1332 W. Herndon Ave., Ste. 102

City State Zip Code

Fresno CA 93711

Date of Receipt

N M / D E / Y Y Y Y  
08 / 29 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Physician

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6443

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

**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

Full Name (Last, First, Middle Initial)  
**A. Antonio Santin, MD**

Mailing Address  
1600 9th St. South  
City State Zip Code  
Great falls MT 59405

Date of Receipt  
M / D / Y Y Y Y  
07 / 15 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6198

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

Mailing Address  
Black Hills Plastic Surgery 3815 5th St.  
City State Zip Code  
Rapid City SD 57701

Date of Receipt  
M / D / Y Y Y Y  
07 / 01 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6069

Full Name (Last, First, Middle Initial)  
**C. Peter Schwartz, MD**

Mailing Address  
143 Froehlich Farm Rd.  
City State Zip Code  
Woodbury NY 11797

Date of Receipt  
M / D / Y Y Y Y  
08 / 16 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6416

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

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

**SCHEDULE A (FEC Form 3X)  
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	<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

**A.** Full Name (Last, First, Middle Initial)  
Roy Sembler, MD

Mailing Address  
6555 Coil Ave., Ste. 220

City State Zip Code  
Sacramento CA 95608

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6084

**B.** Full Name (Last, First, Middle Initial)  
James Sheridan, MD

Mailing Address  
5401 N. Knoxville Ave., Ste. 103

City State Zip Code  
Peoria IL 61614

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6319

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

Mailing Address  
1776 Old Meadow Road

City State Zip Code  
McLean VA 22102

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6557

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

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



**SCHEDULE A (FEC Form 3X)  
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13 14 15 16 17

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

**A.** Full Name (Last, First, Middle Initial)  
John Slayback, MD

Mailing Address  
355 Terracina Blvd.

City State Zip Code  
Redlands CA 92373-4819

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 01 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
300.00

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.6097

**B.** Full Name (Last, First, Middle Initial)  
Raymond Smith, MD

Mailing Address  
826 Pen Ave.

City State Zip Code  
Wyomissing PA 19610

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6824

**C.** Full Name (Last, First, Middle Initial)  
Norman Sogloka, MD

Mailing Address  
1657 Henrietta St.

City State Zip Code  
Redlands CA 92373

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 07 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
300.00

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: SA11A1.6811

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

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

**SCHEDULE A (FEC Form 3X)  
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	<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**

**A.** Full Name (Last, First, Middle Initial)  
 Bryan Sonntag, MD  
 Mailing Address  
 1D437 South Jordan Gateway  
 City State Zip Code  
 South Jordan UT 84095  
 Date of Receipt  
 09 20 2002  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Self Occupation  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ 500.00  
 Transaction ID: SA11A1.6637

**B.** Full Name (Last, First, Middle Initial)  
 Gregory Swank, MD  
 Mailing Address  
 319 Hospital Dr., Ste. 201  
 City State Zip Code  
 Martinsville VA 24112  
 Date of Receipt  
 07 08 2002  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Self Occupation  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ 300.00  
 Transaction ID: SA11A1.6158

**C.** Full Name (Last, First, Middle Initial)  
 Morad Tavali, MD  
 Mailing Address  
 3299 Woodburn Road, Ste. 310  
 City State Zip Code  
 Annandale VA 22003  
 Date of Receipt  
 07 02 2002  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee.  
 Name of Employer Self Occupation  
 Self Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ 250.00  
 Transaction ID: SA11A1.6000

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1050.00**  
**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)  
Julia Terzis, MD

Mailing Address  
330 W. Brambleton Ave.

City State Zip Code  
Norfolk VA 23510

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 30 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6630

**B.** Full Name (Last, First, Middle Initial)  
Lee Thorton, MD

Mailing Address  
1200 22nd Ave.

City State Zip Code  
Meridian MS 39301

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6493

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Tucker, MD

Mailing Address  
515 Minor, Ste. 140

City State Zip Code  
Seattle WA 98104

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6467

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

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

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

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	<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)  
**A. Steven Turkelzab, MD**

Mailing Address  
1D280 N. 92nd St., Ste. 304

City State Zip Code  
Scottsdale AZ 85258

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6285

Full Name (Last, First, Middle Initial)  
**B. David Turner, MD**

Mailing Address  
711 West 38th Street Suite C8

City State Zip Code  
Austin TX 78705-1137

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6289

Full Name (Last, First, Middle Initial)  
**C. Ted Vaughn, MD**

Mailing Address  
305 A. West Alexander Ave.

City State Zip Code  
Greenwood SC 29046

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6805

**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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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 / 63	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)  
**A. Michael Watanabe, MD**

Mailing Address  
 24401 Calle De La Louisa, Ste. 102

City State Zip Code  
 Laguna Hills CA 92653-3616

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 04 / 2002

Amount of Each Receipt this Period  
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
 Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6081

Full Name (Last, First, Middle Initial)  
**B. William Welsh, MD**

Mailing Address  
 1433 Stoval St.

City State Zip Code  
 Augusta GA 30604

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 28 / 2002

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
 Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6441

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

Mailing Address  
 456 N. New Ballas Rd., Ste. 211

City State Zip Code  
 St. Louis MO 63141

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 18 / 2002

Amount of Each Receipt this Period  
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
 Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6213

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 63	
	<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)  
**A. Virgil Wilentz, II, MD**

Mailing Address  
1D11 N. Lindsay, Ste. 202

City State Zip Code  
High Point NC 27262

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6381

Full Name (Last, First, Middle Initial)  
**B. Gary Wingate, MD**

Mailing Address  
480 Creamery Way, Ste. 110

City State Zip Code  
Exton PA 19341

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 31 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 300.00

Transaction ID: SA11A1.6385

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

Mailing Address  
20 Prospect Ave., Ste. 501

City State Zip Code  
Hackensack NJ 07601

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 19 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6508

**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: PAGE 47 / 63

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)

A. Richard\*\* Winters, MD

Mailing Address

2D Prospect Ave., Ste. 501

City

State

Zip Code

Hackensack

NJ

07601

Date of Receipt

N M / D E / Y Y Y Y  
09 / 18 / 2002

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Self

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6648

Full Name (Last, First, Middle Initial)

B. Gareth Wooden, MD

Mailing Address

1301 20th St., Ste. 47D

City

State

Zip Code

Santa Monica

CA

90404

Date of Receipt

N M / D E / Y Y Y Y  
07 / 18 / 2002

FEC ID number of contributing  
federal political committee.

500.00

Name of Employer  
Self

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: SA11A1.6171

Full Name (Last, First, Middle Initial)

C. Miguel Yanez, MD

Mailing Address

Torre Auxilio Mutuo, Ste. 414

735 Ponce De Leon

City

State

Zip Code

San Juan

PR

00917

Date of Receipt

N M / D E / Y Y Y Y  
07 / 14 / 2002

FEC ID number of contributing  
federal political committee.

400.00

Name of Employer  
Self

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: SA11A1.6696

**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

FOR LINE NUMBER:  
(check only one)

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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)  
Leonard Yu, MD

Mailing Address  
33 Lono Ave., Ste. 250

City State Zip Code  
Kahului HI 96732

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6163

**B.** Full Name (Last, First, Middle Initial)  
Robin Yuan, MD

Mailing Address  
150 N. Robertson, Ste. 315

City State Zip Code  
Beverly Hills CA 90211

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6528

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

Mailing Address  
2 Dudley St., Ste. 360

City State Zip Code  
Providence RI 02905

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6518

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

**TOTAL** This Period (last page this line number only) ..... ▶ **47130.00**



**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 49 / 63
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 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)  
A. GERALD C JERRY WELER

Mailing Address  
PO BOX 15283

City State Zip Code  
WASHINGTON DC 20003

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: SA16.6663

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1000.00</b>

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

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

Full Name (Last, First, Middle Initial) <b>A. Membership Marketing Services</b>		Date of Disbursement 07 / 05 / 2002	
Mailing Address 1280 Perimeter Parkway City Virginia Beach State VA Zip Code 23454		Amount of Each Disbursement this Period 6680.85	
Purpose of Disbursement		Transaction ID: SB21B.6100	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Membership Marketing Services</b>		Date of Disbursement 07 / 18 / 2002	
Mailing Address 1280 Perimeter Parkway City Virginia Beach State VA Zip Code 23454		Amount of Each Disbursement this Period 10733.47	
Purpose of Disbursement		Transaction ID: SB21B.6101	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Membership Marketing Services</b>		Date of Disbursement 09 / 17 / 2002	
Mailing Address 1280 Perimeter Parkway City Virginia Beach State VA Zip Code 23454		Amount of Each Disbursement this Period 11808.65	
Purpose of Disbursement		Transaction ID: SB21B.6634	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>29322.77</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>29322.77</b>

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

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

Full Name (Last, First, Middle Initial) <b>A. ANNA ESHOO FOR CONGRESS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8340	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA      District: 14			

Full Name (Last, First, Middle Initial) <b>B. ANNE SUMERS FOR CONGRESS</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address PO BOX 624 City State Zip Code PARAMUS NJ 07653		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8139	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ      District: 05			

Full Name (Last, First, Middle Initial) <b>C. BEN CARDIN FOR CONGRESS</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 100 EAST PRATT STREET 27TH FLOOR City State Zip Code BALTIMORE MD 21202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6117	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MD      District: 03			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. BILL THOMAS CAMPAIGN COMMITTEE</b>		Date of Disbursement 08 / 12 / 2002
Mailing Address PO BOX 385 City: BAKERSFIELD State: CA Zip Code: 93302		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.6356
State: CA District: 22		

Full Name (Last, First, Middle Initial) <b>B. BOUCHER FOR CONGRESS COMMITTEE</b>		Date of Disbursement 08 / 12 / 2002
Mailing Address PO BOX 2000 City: ABINGDON State: VA Zip Code: 24212		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.6336
State: VA District: 09		

Full Name (Last, First, Middle Initial) <b>C. JIM BUNNING</b>		Date of Disbursement 08 / 12 / 2002
Mailing Address 1717 DIXIE HWY City: FORT WRIGHT State: KY Zip Code: 41011		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.6323
State: KY 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)

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<input type="checkbox"/> 21b 26	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Full Name (Last, First, Middle Initial) <b>A. CONGRESSMAN JOE BARTON COMMITTEE</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO BOX 1444 City State Zip Code ENNIS TX 75120		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8331	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 06			

Full Name (Last, First, Middle Initial) <b>B. CRAIG FOR U S SENATE</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO BOX 2754 City State Zip Code BOISE ID 83701		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.8325	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ID      District: 00			

Full Name (Last, First, Middle Initial) <b>C. DIAZ-BALART, MARIO</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 7270 NW 8 STREET City State Zip Code MIAMI FL 33126		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6121	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 26			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. ENZI FOR US SENATE</b>			Date of Disbursement 08 / 12 / 2002		
Mailing Address PO BOX 2775 City: CODY State: WY Zip Code: 82414			Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Candidate Name			Transaction ID: SB23.8327		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: WY District: 00		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. FRIENDS FOR HARRY REID</b>			Date of Disbursement 07 / 20 / 2002		
Mailing Address PO BOX 85223 City: LAS VEGAS State: NV Zip Code: 89185			Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Candidate Name			Transaction ID: SB23.8109		
Office Sought: House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> State: NV District: 00		Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF CLAY SHAW</b>			Date of Disbursement 07 / 20 / 2002		
Mailing Address 2800 N E 14TH STREET CAUSEWAY City: POMPANO BEACH State: FL Zip Code: 33062			Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Candidate Name			Transaction ID: SB23.6137		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: FL District: 22		Disbursement For: 2002 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)

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

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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 CONNIE MORELLA FOR CONGRESS</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 7101 Wisconsin Avenue # 102      7101 Wisconsin Avenue # 102 City                                      State      Zip Code Bethesda                                  MD      20814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:      2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: MD      District: 06		Transaction ID:    SB23.8131	
Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOE PITTS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address P.O. BOX 775 City                                      State      Zip Code UNIONVILLE                              PA      19375		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:      2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	
State: PA      District: 16		Transaction ID:    SB23.8348	
Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF LOIS CAPPAS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO Box 23940 City                                      State      Zip Code Santa Barbara                              CA      93121		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For:      2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: CA      District: 23		Transaction ID:    SB23.6338	

<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)

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

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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 SENATOR ROCKEFELLER</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 236 MASSACHUSETTS AVENUE #310 City: WASHINGTON State: DC Zip Code: 20002		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8113	
State: WV District: 00			

Full Name (Last, First, Middle Initial) <b>B. JEAN CARNAHAN FOR MISSOURI COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address PO BOX 920 City: ROLLA State: MO Zip Code: 65402		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8107	
State: MO District: 00			

Full Name (Last, First, Middle Initial) <b>C. JULIA CARSON FOR CONGRESS COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 1 NORTH CAPITOL STREET #211 740 MARKET SQUARE CENTER City: INDIANAPOLIS State: IN Zip Code: 46204		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6119	
State: IN District: 07			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. KELLER FOR CONGRESS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address P.O. Box 1453 City State Zip Code Orlando FL 32380		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8342	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 06			

Full Name (Last, First, Middle Initial) <b>B. KPAC</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address PO BOX 820365 City State Zip Code DALLAS TX 75382		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8105	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. MAINSTREAM AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address PO BOX 4287 City State Zip Code BATON ROUGE LA 70821		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement		Transaction ID: SB23.6103	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State:            District:			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. MALONEY FOR CONGRESS</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 40 EAST 92ND STREET City NEW YORK State NY Zip Code 10128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8127	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NY      District: 14			

Full Name (Last, First, Middle Initial) <b>B. MARTIN FROST CAMPAIGN COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address P. O. Box 4219 City Dallas State TX Zip Code 75208		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.8123	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 24			

Full Name (Last, First, Middle Initial) <b>C. MIKE BILIRAKIS FOR CONGRESS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address P O BOX 1077 City TARPON SPRINGS State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6333	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: FL      District: 09			

<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)

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

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

Full Name (Last, First, Middle Initial) <b>A. NORWOOD FOR CONGRESS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO Box 499 City State Zip Code Evans GA 30809		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6344	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: GA      District: 10			

Full Name (Last, First, Middle Initial) <b>B. FALLONE FOR CONGRESS</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO BOX 3178 City State Zip Code LDNC BRANCH NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6346	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NJ      District: 06			

Full Name (Last, First, Middle Initial) <b>C. PAT TOOMEY FOR CONGRESS COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address 2720 JORDAN ROAD      2720 JORDAN ROAD City State Zip Code OREFIELD PA 18069		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement		Transaction ID: SB23.6141	
Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: PA      District: 15			

<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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29
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NAME OF COMMITTEE (In Full)  
AMERICAN SOCIETY OF PLASTIC SURGEONS, PlastyPAC

Full Name (Last, First, Middle Initial) <b>A. PICKERING FOR CONGRESS</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address P.O. Box 6440                                  P.O. Box 6440 City    State                  Zip Code Laurel    MS                  39441		Amount of Each Disbursement this Period  2000.00	
Purpose of Disbursement  Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID:    SB23.8133	
State: MS                  District: 03			

Full Name (Last, First, Middle Initial) <b>B. RANGEL FOR CONGRESS</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address PO BOX 5577                                  MANHATTANVILLE STA City    State                  Zip Code NEW YORK    NY                  10027		Amount of Each Disbursement this Period  1000.00	
Purpose of Disbursement  Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID:    SB23.8135	
State: NY                  District: 15			

Full Name (Last, First, Middle Initial) <b>C. RICHARD BURR COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002	
Mailing Address Post Office Box 5928 City    State                  Zip Code Winston-Salem                                  NC                  27113		Amount of Each Disbursement this Period  2000.00	
Purpose of Disbursement  Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:    2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID:    SB23.6115	
State: NC                  District: 05			

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

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

Full Name (Last, First, Middle Initial) <b>A. SENSENBRENNER COMMITTEE</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO BOX 575 City: BROOKFIELD State: WI Zip Code: 53008		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.6350	
State: WI      District: 05			

Full Name (Last, First, Middle Initial) <b>B. STEVENS FOR SENATE COMMITTEE</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO BOX 100879 City: ANCHORAGE State: AK Zip Code: 99510		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.6329	
State:              District:			

Full Name (Last, First, Middle Initial) <b>C. THE BILLY TAUZIN CONGRESSIONAL COMMITTEE</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address P.O. Box 2266 City: Houma State: LA Zip Code: 70361		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.6354	
State: LA      District: 03			

<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**

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

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

Full Name (Last, First, Middle Initial) <b>A. UPTON FOR ALL OF US</b>		Date of Disbursement 08 / 12 / 2002
Mailing Address PO BOX 490 City ST JOSEPH State MI Zip Code 49085		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.6358
State: MI District: 06		

Full Name (Last, First, Middle Initial) <b>B. VOLUNTEERS FOR SHIMKUS</b>		Date of Disbursement 08 / 12 / 2002
Mailing Address P.O. Box 5458 PD BOX 5458 City Springfield State IL Zip Code 62706		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.6352
State: IL District: 19		

Full Name (Last, First, Middle Initial) <b>C. WHITFIELD FOR CONGRESS COMMITTEE</b>		Date of Disbursement 07 / 20 / 2002
Mailing Address P.O. BOX 391 City HOPKINSVILLE State KY Zip Code 42241		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: SB23.6143
State: KY District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>47000.00</b>

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

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Detailed Summary Page

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

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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>			Date of Disbursement 07 / 30 / 2002	
Mailing Address PO Box 6600 City: Hagerstown      State: MD      Zip Code: 21741			Amount of Each Disbursement this Period 105.00	
Purpose of Disbursement			Transaction ID: SB29.6668	
Candidate Name		Category/Type		
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼			
State:      District:				

Full Name (Last, First, Middle Initial) <b>B. Payments at Merchant Services</b>			Date of Disbursement 08 / 30 / 2002	
Mailing Address PO Box 6600 City: Hagerstown      State: MD      Zip Code: 21741			Amount of Each Disbursement this Period 486.76	
Purpose of Disbursement			Transaction ID: SB29.6669	
Candidate Name		Category/Type		
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼			
State:      District:				

Full Name (Last, First, Middle Initial) <b>C. Payments at Merchant Services</b>			Date of Disbursement 09 / 30 / 2002	
Mailing Address PO Box 6600 City: Hagerstown      State: MD      Zip Code: 21741			Amount of Each Disbursement this Period 122.52	
Purpose of Disbursement			Transaction ID: SB29.6670	
Candidate Name		Category/Type		
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼			
State:      District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>714.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>714.28</b>