

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American Society of Plastic Surgeons Plastypac

ADDRESS (number and street) 444 E Algonquin Road

(Check if address is changed)

Arlington Heights

CITY

IL

STATE

60005

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

dmclaughlin@plasticsurgery.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.plastypac.net

2. DATE

12 / 01 / 2020

3. FEC IDENTIFICATION NUMBER

C C00249342

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer Basu, C. Bob, , Dr., MD, MBA, M

Signature of Treasurer

Basu, C. Bob, , Dr., MD, MBA, M

[Electronically Filed]

Date

08 / 20 / 2021

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

American Society of Plastic Surgeons Plastypac

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Society of Plastic Surgeons

Mailing Address 444 E Algonquin Rd

Arlington Heights IL 60005-4654
CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name McLaughlin, Darcy, Kara, Ms,

Mailing Address 444 E Algonquin Road

Arlington Heights IL 60005
CITY STATE ZIP CODE

Title or Position CITY STATE ZIP CODE

Advocacy Manager Telephone number 708 - 296 - 2855

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Basu, C. Bob, , Dr., MD, MBA, M

Mailing Address 444 E Algonquin Road

Arlington Heights IL 60005
CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 847 - 228 - 3378

Full Name of Designated Agent

McLaughlin, Darcy, Kara, Ms,

Mailing Address

444 E Algonquin Road

Arlington Heights

IL

60005

CITY

STATE

ZIP CODE

Title or Position

Custodian

Telephone number

708

296

2855

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

JP Morgan Chase

Mailing Address

1201 South Milwaukee Ave

Libertyville

IL

60048

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE