

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
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1025 CONNECTICUT AVENUE, N.W.
SUITE 1104
 Check if different than previously reported. (ACC)
WASHINGTON DC 20036

2. **FEC IDENTIFICATION NUMBER** C00325936
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 07 01 2007 through 12 31 2007

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 Dr. Keith S. Naunheim

Signature of Treasurer Electronically Filed by Dr. Keith S. Naunheim Date 01 24 2008

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		37425.16
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	43034.61									
(c) Total Receipts (from Line 19)	89300.00	208005.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132334.61	245430.16								
7. Total Disbursements (from Line 31)	70732.08	183827.63								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61602.53	61602.53								
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**

Write or Type Committee Name
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	81930.00	197100.00
(i) Itemized (use Schedule A)	7370.00	10905.00
(ii) Unitemized	89300.00	208005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	89300.00	208005.00
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 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	89300.00	208005.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	89300.00	208005.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1732.08	4327.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1732.08	4327.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69000.00	179500.00
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	70732.08	183827.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70732.08	183827.63

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	89300.00	208005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89300.00	208005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1732.08	4327.63
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1732.08	4327.63

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

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

FOR LINE NUMBER: PAGE 6 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Sunil Abrol

Mailing Address 105 Woodcrest Drive

City State Zip Code
Syosset NY 11791

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2007

Transaction ID: SA11AI.7874

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark S. Adkins

Mailing Address 1320 York Avenue

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Presbyterian Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: SA11AI.7586

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. John C. Alexander, Jr.

Mailing Address 96 Church Road

City State Zip Code
Winnetka IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Evanston NW Healthcare Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: SA11AI.7565

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Dr. John M. Armitage
 Mailing Address 6917 Bloomsbury Lane
 City State Zip Code
 Spotsylvania VA 22553
 Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 05 / 2007
Transaction ID: SA11AI.7750
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mary Washington Hospital Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. James W. Asaph
 Mailing Address 4401 Southwest Westdale Drive
 City State Zip Code
 Portland OR 97221
 Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 30 / 2007
Transaction ID: SA11AI.7917
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Retired Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Thomas P. Barragry
 Mailing Address 5209 West River Trail Court
 City State Zip Code
 Mequon WI 53092
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 18 / 2007
Transaction ID: SA11AI.7645
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Cardiovascular Surgery As-
 soc. Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. William A. Baumgartner

Mailing Address 2 Malvern Court

City State Zip Code
Baltimore MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer: Johns Hopkins University Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt MM / DD / YYYY
07 / 03 / 2007

Transaction ID: SA11AI.7566

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
Dr. Oliver A. Binns

Mailing Address 257 McDowell Street

City State Zip Code
Asheville NC 28803

FEC ID number of contributing federal political committee. **C**

Name of Employer: Asheville Cardiovascular Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt MM / DD / YYYY
11 / 01 / 2007

Transaction ID: SA11AI.7937

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
Dr. Mark I. Block

Mailing Address 401 Sweet Bay Avenue

City State Zip Code
Plantation FL 33324

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt MM / DD / YYYY
09 / 18 / 2007

Transaction ID: SA11AI.8001

Amount of Each Receipt this Period **500.00**

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Scott M. Bradley

Mailing Address 751 Lakenheath Drive

City State Zip Code
Mt. Pleasant SC 29464

FEC ID number of contributing federal political committee. **C**

Name of Employer University of South Carolina
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	7

Transaction ID: SA11AI.7567

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence R. Breitkreutz

Mailing Address P.O. Box 3012

City State Zip Code
Abilene TX 79604

FEC ID number of contributing federal political committee. **C**

Name of Employer Abilene CV Surgery, PA
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: SA11AI.7918

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ross Bremner

Mailing Address 500 West Thomas Road

City State Zip Code
Phoenix AZ 85013

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Joseph's Hospital
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	7

Transaction ID: SA11AI.7935

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 70
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. David A. Bull	Date of Receipt MM / DD / YYYY 08 / 28 / 2007
	Mailing Address 1298 Chandler Drive	Transaction ID: SA11AI.7736
	City State Zip Code Salt Lake City UT 84103	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Utah Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Paul L. Cammack	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 6509 Wynwood Place	Transaction ID: SA11AI.7568
	City State Zip Code Montgomery AL 36117	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Central Alabama Thoracic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Joseph C. Cleveland	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 9304 East Atlantic Place	Transaction ID: SA11AI.7866
	City State Zip Code Denver CO 80231	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Colorado Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Coastal Thoracic Surgical Associates, P.A.

Mailing Address 1912 Tradd Court

City State Zip Code
Wilmington NC 28401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2007

Transaction ID: SA11AI.7904

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. John E. Codd

Mailing Address 126 Southarm Drive

City State Zip Code
Glendale MO 63122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2007

Transaction ID: SA11AI.7811

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Yolonda L. Colson

Mailing Address 10 Sunset Road

City State Zip Code
Needham MA 02494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Brigham and Women's Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: SA11AI.7607

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Charles D. Cousar

Mailing Address 3700 Richmond Street

City State Zip Code
Jacksonville FL 32205

FEC ID number of contributing federal political committee. **C**

Name of Employer: CT and Vascular Surgical Assoc
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 07 / 18 / 2007
Transaction ID: SA11AI.7647
 Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard S. D'Agostino

Mailing Address 1022 North Road

City State Zip Code
Carlisle MA 01741

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 09 / 05 / 2007
Transaction ID: SA11AI.7751
 Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher A. Danby

Mailing Address 11120 Burnhill Court

City State Zip Code
Fort Wayne IN 46814

FEC ID number of contributing federal political committee. **C**

Name of Employer: Indiana Ohio Heart
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 08 / 08 / 2007
Transaction ID: SA11AI.7682
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Ivan David

Mailing Address 1912 Tradd Court

City State Zip Code
Wilmington NC 28401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Coastal Thoracic Surgical Ass. Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2007

Transaction ID: SA11AI.7905

Amount of Each Receipt this Period

250.00

Partnership Allocation

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Dr. William M. Davis

Mailing Address 110 Bobcat Bend

City State Zip Code
San Antonio TX 78231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
South Texas Cardiothoracic Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2007

Transaction ID: SA11AI.7569

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jorge De la Garza

Mailing Address P.O. Box 720385

City State Zip Code
McAllen TX 78501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 26 / 2007

Transaction ID: SA11AI.7662

Amount of Each Receipt this Period

500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Giacomo A. DeLaria

Mailing Address 10666 North Torrey Pines Road

City State Zip Code
La Jolla CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Scripps Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 11 / 2007

Transaction ID: SA11AI.7910

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Pedro J. del Nido

Mailing Address 9 Heritage Drive

City State Zip Code
Lexington MA 02420

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Hospital Boston Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2007

Transaction ID: SA11AI.7846

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Alphonse DeLucia

Mailing Address 9734 West Gull Lake Drive

City State Zip Code
Richland MI 49083

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiothoracic Surgery, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: SA11AI.7706

Amount of Each Receipt this Period
500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 70
	<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Frank Detterbeck		Date of Receipt	
	Mailing Address 78 Country Lane		M M / D D / Y Y Y Y 07 / 03 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.7570
	Bethany	CT	06524	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Yale University		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Verdi DiSesa		Date of Receipt	
	Mailing Address 701 East Marshall Street		M M / D D / Y Y Y Y 09 / 12 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.7818
	West Chester	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Self		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Emery C. Douville		Date of Receipt	
	Mailing Address 1111 Northeast 99th Avenue		M M / D D / Y Y Y Y 12 / 20 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.7991
	Portland	OR	97220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1500.00	
Name of Employer Oregon Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1500.00		

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. J. Michael Duncan

Mailing Address 3038 Bonnebridge Way Boulevard

City State Zip Code
Houston TX 77082

FEC ID number of contributing federal political committee. **C**

Name of Employer Surgical Associates of Texas Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	7

Transaction ID: SA11AI.7571

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Kim F. Duncan

Mailing Address 13517 Charles Circle

City State Zip Code
Omaha NE 68154

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Nebraska Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	7

Transaction ID: SA11AI.7892

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. T. Arthur Edgerton

Mailing Address 12100 James Jack Lane

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba-Piedmont Cardio Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	7

Transaction ID: SA11AI.7599

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Stephen M. Fall		Date of Receipt MM / DD / YYYY 07 / 13 / 2007		
	Mailing Address 5 Rimby Way		Transaction ID: SA11AI.7643		
	City Reading	State PA	Zip Code 19606	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DRMC	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Dr. Joseph A. Forbess		Date of Receipt MM / DD / YYYY 07 / 10 / 2007		
	Mailing Address 4343 Glouster		Transaction ID: SA11AI.7600		
	City Dallas	State TX	Zip Code 75220	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UT Southwestern Medical	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. David A. Fosdick		Date of Receipt MM / DD / YYYY 08 / 22 / 2007		
	Mailing Address 4538 Brookview Drive		Transaction ID: SA11AI.7717		
	City Dallas	State TX	Zip Code 75220	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer CSANT	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. David W. Frantz		Date of Receipt MM / DD / YYYY 08 / 28 / 2007		
	Mailing Address 118 Oakwood Place		Transaction ID: SA11AI.7739		
	City Lynchburg	State VA	Zip Code 24503	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Centra Health	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
250.00

B.	Full Name (Last, First, Middle Initial) Dr. John A. Galat		Date of Receipt MM / DD / YYYY 07 / 18 / 2007		
	Mailing Address 1295 Southwest 37th Place Road		Transaction ID: SA11AI.7649		
	City Ocala	State FL	Zip Code 34474	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ocala Heart Institute	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
500.00

C.	Full Name (Last, First, Middle Initial) Dr. Deepak M. Gangahar		Date of Receipt MM / DD / YYYY 08 / 16 / 2007		
	Mailing Address 3120 Durado Court		Transaction ID: SA11AI.7690		
	City Lincoln	State NE	Zip Code 68520	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nebraska Heart Institute	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Robert M. Gasior

Mailing Address 2310 York Street

City State Zip Code
Blue Island IL 60406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heart Care Centers of Ill- Physician
inois

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.7761

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alan B. Gazzaniga

Mailing Address 12101 Red Hill Avenue

City State Zip Code
Santa Ana CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.7982

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. James C. Gilmore

Mailing Address 1101 Somerville Road

City State Zip Code
Decatur AL 35601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Decatur General Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.7762

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 70
	<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. D. Tyler Greenfield		Date of Receipt MM / DD / YYYY 07 / 26 / 2007		
	Mailing Address 3514 21st Street		Transaction ID: SA11AI.7664		
	City Lubbock	State TX	Zip Code 79410	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Medical Group	Occupation Physician	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Arthur Grimball		Date of Receipt MM / DD / YYYY 08 / 28 / 2007		
	Mailing Address 386 Weatheridge Drive		Transaction ID: SA11AI.7740		
	City Jackson	State TN	Zip Code 38305	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiothoracic Surgery Center	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Brent A. Grishkin		Date of Receipt MM / DD / YYYY 08 / 22 / 2007		
	Mailing Address 8918 Hemingway Grove Circle		Transaction ID: SA11AI.7721		
	City Knoxville	State TN	Zip Code 37922	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Constance K. Haan

Mailing Address 13697 Markham Hill Drive

City State Zip Code
Jacksonville FL 32225

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 22 / 2007

Transaction ID: SA11AI.7716

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. William C. Hall

Mailing Address 108 Dansworth Lane

City State Zip Code
Oak Ridge TN 37830

FEC ID number of contributing federal political committee. **C**

Name of Employer East TN CV Surgical Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2007

Transaction ID: SA11AI.7860

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Michael P. Halpin

Mailing Address 2317 Crosswind Drive

City State Zip Code
Kalamazoo MI 49008

FEC ID number of contributing federal political committee. **C**

Name of Employer Paragon Health CT Surgery Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: SA11AI.7683

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. John R. Handy

Mailing Address 16955 Old River Road

City State Zip Code
Lake Oswego OR 97034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
The Oregon Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2007

Transaction ID: SA11AI.7977

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey S. Heinle

Mailing Address 6621 Fannin Street

City State Zip Code
Houston TX 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Texas Children's Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2007

Transaction ID: SA11AI.7876

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bradley O. Hofer

Mailing Address 950 East Harvard Avenue

City State Zip Code
Denver CO 80210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Colorado CV Surgical Assoc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 26 / 2007

Transaction ID: SA11AI.7665

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Robert L. Hooker, Jr.		Date of Receipt MM / DD / YYYY 09 / 05 / 2007		
	Mailing Address 1544 Ballybunion Court		Transaction ID: SA11AI.7763		
	City Grand Rapids	State MI	Zip Code 49546	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer West Michigan Cardiothoracic		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. Keith A. Horvath		Date of Receipt MM / DD / YYYY 07 / 03 / 2007		
	Mailing Address 4622 Charleston Terrace, Northwest		Transaction ID: SA11AI.7589		
	City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Suburban Specialty Care		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr. Thomas A. Hughes		Date of Receipt MM / DD / YYYY 07 / 13 / 2007		
	Mailing Address 707 North Michigan Street		Transaction ID: SA11AI.7642		
	City South Bend	State IN	Zip Code 46601	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
Name of Employer Cardiothoracic Surgery In-c.		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 70

(check only one)

<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

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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Connie C. Hutton

Mailing Address 67 Copperleaf Drive

City State Zip Code
The Woodlands TX 77381

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.7713

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. David L. Johnson

Mailing Address 1944 Route 33

City State Zip Code
Neptune NJ 07753-4863

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-Atlantic Surgical Ass-oc. Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.7667

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. J. Steve Julian

Mailing Address 5217 Silver Run Lane

City State Zip Code
Salisbury MD 21801

FEC ID number of contributing federal political committee. **C**

Name of Employer CV Surgical Associates, P.A. Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.7601

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Larry R. Kaiser

Mailing Address **408 Barbara Lane**

City **Bryn Mawr** State **PA** Zip Code **19010**

FEC ID number of contributing federal political committee. **C**

Name of Employer **University of Pennsylvania** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **08 / 28 / 2007**

Transaction ID: SA11AI.7741

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
Dr. Kirk R. Kanter

Mailing Address **2384 Massey Lane**

City **Decatur** State **GA** Zip Code **30033**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Emory University** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 11 / 2007**

Transaction ID: SA11AI.7605

Amount of Each Receipt this Period **500.00**

C. Full Name (Last, First, Middle Initial)
Dr. Fraser M. Keith

Mailing Address **742 Glendale Boulevard**

City **Mansfield** State **OH** Zip Code **44907**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Midwestern Cardiac Surgery** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **07 / 18 / 2007**

Transaction ID: SA11AI.7651

Amount of Each Receipt this Period **500.00**

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Ken A. Kesler		Date of Receipt	
	Mailing Address 8670 Bay Colony Drive		M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7978
	Indianapolis	IN	46234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self		Occupation		
Self		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) Dr. Kamal G. Khalil		Date of Receipt	
	Mailing Address 2418 Maronbal Street		M M / D D / Y Y Y Y Y 0 7 / 0 3 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7576
	Houston	TX	77030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Self		Occupation		
Self		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Dr. William R. Kitchens		Date of Receipt	
	Mailing Address 2233 Pickens Road		M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7942
	Augusta	GA	30904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self		Occupation		
Self		Physician		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Lear V. Koch

Mailing Address 720-732 Madison Avenue

City State Zip Code
Scranton PA 18510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2007

Transaction ID: SA11AI.7877

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Michael G. Koelsch

Mailing Address 7405 West Augusta Boulevard

City State Zip Code
Yorktown IN 47396

FEC ID number of contributing federal political committee. **C**

Name of Employer Corvasc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2007

Transaction ID: SA11AI.7692

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Nicholas T. Kouchoukos

Mailing Address 25 Picardy Lane

City State Zip Code
Saint Louis MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2007

Transaction ID: SA11AI.7685

Amount of Each Receipt this Period
250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. John F. Krahnert

Mailing Address 1600 Morgantown Road

City Pinehurst State NC Zip Code 28374

FEC ID number of contributing federal political committee. **C**

Name of Employer Pinehurst Surgical Clinic, P.A. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 11 / 2007

Transaction ID: SA11AI.7606

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Hope S. Kuehner

Mailing Address 9802 County Road Y

City Marshfield State WI Zip Code 54449

FEC ID number of contributing federal political committee. **C**

Name of Employer Marshfield Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 03 / 2007

Transaction ID: SA11AI.7578

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Langdon

Mailing Address 3350 North 141 Street

City Omaha State NE Zip Code 68164

FEC ID number of contributing federal political committee. **C**

Name of Employer Omaha Thoracic and Cardio Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 03 / 2007

Transaction ID: SA11AI.7591

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 2365.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Charles H. Lee

Mailing Address 1802 Clubview Drive

City State Zip Code
Tyler TX 75701

FEC ID number of contributing federal political committee. **C**

Name of Employer
Surgical Assoc. of East TX
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2007

Transaction ID: SA11AI.7652

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Leonard Y. Lee

Mailing Address 1930 Broadway Avenue

City State Zip Code
New York NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer
Weill Cornell Medical Col-
lege
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2007

Transaction ID: SA11AI.7844

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Scott A. Lemaire

Mailing Address 1 Baylor Plaza

City State Zip Code
Houston TX 77030

FEC ID number of contributing federal political committee. **C**

Name of Employer
Baylor College of Medicine
Occupation
Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: SA11AI.7707

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 70
	<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. James M. Levett	Date of Receipt MM / DD / YYYY 12 / 04 / 2007
	Mailing Address 1950 44th Street, Southeast	Transaction ID: SA11AI.7985
	City State Zip Code Cedar Rapids IA 52403	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Physician's Clinic of Iowa Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Harold V. Liddle	Date of Receipt MM / DD / YYYY 08 / 16 / 2007
	Mailing Address 4156 Mathews Way	Transaction ID: SA11AI.7695
	City State Zip Code Salt Lake City UT 84124	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rumel Chest Clinic Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Dr. Robert B. Love	Date of Receipt MM / DD / YYYY 07 / 10 / 2007
	Mailing Address 411 Montrose	Transaction ID: SA11AI.7602
	City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Loyola Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Aggregate Year-to-Date ▼ <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. James D. Luketich

Mailing Address 30 Sweet Water Lane

City Pittsburgh State PA Zip Code 15238

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Pittsburgh Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2007
Transaction ID: SA11AI.7725
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael L. Maggart

Mailing Address 101 Blount Avenue, Southeast

City Knoxville State TN Zip Code 37920-1669

FEC ID number of contributing federal political committee. **C**

Name of Employer East Tennessee Cardiovascular Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 03 / 2007
Transaction ID: SA11AI.7579
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Peter B. Manning

Mailing Address 6944 Miami Bluff Drive

City Cincinnati State OH Zip Code 45227

FEC ID number of contributing federal political committee. **C**

Name of Employer Cincinnati Children's Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 11 / 2007
Transaction ID: SA11AI.7608
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 2365.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 32 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Howard F. Marks, Jr.
Mailing Address 1912 Tradd Court
City State Zip Code
Wilmington NC 28401
FEC ID number of contributing federal political committee. **C**
Name of Employer Coastal Thoracic Surgical Ass
Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ .00
Date of Receipt 08 / 28 / 2007
Transaction ID: SA11AI.7907
Amount of Each Receipt this Period 250.00
Partnership Allocation
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Dr. Margaret B. Marshall
Mailing Address 5914 Chesterbrook Road
City State Zip Code
McLean VA 22101
FEC ID number of contributing federal political committee. **C**
Name of Employer Georgetown University Medical
Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 08 / 06 / 2007
Transaction ID: SA11AI.7686
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Patrick M. McCarthy
Mailing Address 1300 North State Parkway
City State Zip Code
Chicago IL 60610
FEC ID number of contributing federal political committee. **C**
Name of Employer Northwestern University
Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 08 / 28 / 2007
Transaction ID: SA11AI.7743
Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas J. Merle

Mailing Address 8222 Old Woods Court

City State Zip Code
Springboro OH 45066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kettering Cardio and Vascular Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2007

Transaction ID: SA11AI.7656

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Walter H. Merrill

Mailing Address 231 Albert B. Sabin Way

City State Zip Code
Cincinnati OH 45267

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Cincinnati Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2007

Transaction ID: SA11AI.7603

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. James E. Miller

Mailing Address 835 West 55th Street

City State Zip Code
Kansas City MO 64113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Olathe Medical Services Physician

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

Date of Receipt

M M / D D / Y Y Y Y
11 / 15 / 2007

Transaction ID: SA11AI.7940

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Kevin B. Miller

Mailing Address 9122 South Roundtree Drive

City State Zip Code
Highlands Ranch CO 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Front Range Cardiac, Thoracic Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2007

Transaction ID: SA11AI.7592

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. J. Scott Millikan

Mailing Address 3319 Alpine Drive

City State Zip Code
Billings MT 59102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Billings Clinic Physician

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

Date of Receipt

M M / D D / Y Y Y Y
10 / 18 / 2007

Transaction ID: SA11AI.7893

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. R. Scott Mitchell

Mailing Address 223 Greer Road

City State Zip Code
Woodside CA 94062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stanford University Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2007

Transaction ID: SA11AI.7610

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. R. Jeffrey Morelock

Mailing Address 7169 Torrey Street

City Arvada State CO Zip Code 80007

FEC ID number of contributing federal political committee. **C**

Name of Employer CVS-Thoracic and CV Surgeons Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 12 / 2007
Transaction ID: SA11AI.7812
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark A. Mostovych

Mailing Address 8250 Merganser Drive

City Ponte Verda Beach State FL Zip Code 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 03 / 2007
Transaction ID: SA11AI.7593
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph Motta

Mailing Address 11381 Indian Shore Drive

City North Palm Beach State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C**

Name of Employer Faro Motta and Anderson MD/ PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 05 / 2007
Transaction ID: SA11AI.7756
 Amount of Each Receipt this Period: 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Barry D. Newsom

Mailing Address 2515 Yorktown Drive

City Tuscaloosa State AL Zip Code 35406

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2007

Transaction ID: SA11AI.7923

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Francis C. Nichols

Mailing Address 200 First Street, Southwest

City Rochester State MN Zip Code 55905

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 22 / 2007

Transaction ID: SA11AI.7718

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Dr. James E. O'Brien, Jr.

Mailing Address 11732 High Drive

City Leawood State KS Zip Code 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's Mercy Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2007

Transaction ID: SA11AI.7580

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Dr. Nicholas L. Ogburn
 Mailing Address 14015 Cooley Road
 City State Zip Code
 Princess Anne MD 21853
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 11 / 2007
Transaction ID: SA11AI.7611
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CV Surgical Associates Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. Mark B. Orringer
 Mailing Address 1389 Towsley Lane
 City State Zip Code
 Ann Arbor MI 48105
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2007
Transaction ID: SA11AI.7813
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Michigan Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. David A. Ott
 Mailing Address 3689 Inwood
 City State Zip Code
 Houston TX 77019
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2007
Transaction ID: SA11AI.7848
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Surgical Associates of Texas Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Ralph E. Otto

Mailing Address 430 Sheridan Road

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiac Surgery Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.7943

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Peter M. Pavlina

Mailing Address 252 Walnut Grove Drive

City State Zip Code
Dayton OH 45458

FEC ID number of contributing federal political committee. **C**

Name of Employer Kettering Cardiothoracic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.7657

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Lester C. Permut

Mailing Address 3545 West Mercer Way

City State Zip Code
Mercer Island WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Children's University Medical Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.7581

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Melvin R. Platt

Mailing Address 11230 Leachman Circle

City State Zip Code
Dallas TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer CSANT-Dallas Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	3	/	2	0	0	7

Transaction ID: SA11AI.7594

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Louis G. Prevosti

Mailing Address 720 Brookwood Trace

City State Zip Code
Atlanta GA 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Peachtree Cardiovascular Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	7

Transaction ID: SA11AI.7970

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Aidan A. Raney

Mailing Address 115 Irvine Cove Circle

City State Zip Code
Laguna Beach CA 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer Raney Zusman Medical Group Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	7

Transaction ID: SA11AI.7849

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Hassan K. Reda		Date of Receipt
	Mailing Address 1420 Logan Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 05 / 2007
	City	State	Zip Code
	Laredo	TX	78040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7758
Name of Employer Arthur Santos MPA		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 750.00
		<input type="text"/> 750.00	

B.	Full Name (Last, First, Middle Initial) Dr. William A. Reed		Date of Receipt
	Mailing Address 14300 Holmes		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 / 15 / 2007
	City	State	Zip Code
	Kansas City	MO	64145
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7944
Name of Employer Kansas Hospital Authority		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Eric E. Roselli		Date of Receipt
	Mailing Address 364 Morewood Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 22 / 2007
	City	State	Zip Code
	Rocky River	OH	44116
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7727
Name of Employer Cleveland Clinic Foundati- on		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

SUBTOTAL of Receipts This Page (optional) ▶

1365.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
 Dr. Robert M. Sade
 Mailing Address 11 Jamestown Road
 City State Zip Code
 Charleston SC 29407
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 13 / 2007
Transaction ID: SA11AI.7644
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Medical University of SC Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
 Dr. Robert Santoscoy
 Mailing Address 900 Via Penasco
 City State Zip Code
 El Paso TX 79912
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2007
Transaction ID: SA11AI.7816
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 El Paso SW Cardiovascular Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. G. Phillip Schoettle, Jr.
 Mailing Address 1325 Eastmoreland Avenue
 City State Zip Code
 Memphis TN 38104
 Date of Receipt
 M M / D D / Y Y Y Y
 09 / 05 / 2007
Transaction ID: SA11AI.7760
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Paul E. Seifert

Mailing Address 2160 Serene Circle

City State Zip Code
Brookfield WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer West Suburban Cardiothoracic
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2007

Transaction ID: SA11AI.7861

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Alejandro J. Sequeira

Mailing Address 2435 West Belvedere Avenue

City State Zip Code
Baltimore MD 21215

FEC ID number of contributing federal political committee. **C**

Name of Employer Sinai Hospital of Baltimore
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2007

Transaction ID: SA11AI.7710

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Esfandiar Shafii

Mailing Address 10318 Orange Grove Drive

City State Zip Code
Tampa FL 33618

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: SA11AI.7612

Amount of Each Receipt this Period
500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Robert E. Shoemaker

Mailing Address 9659 Decatur Drive

City Indianapolis State IN Zip Code 46256

FEC ID number of contributing federal political committee. **C**

Name of Employer Indiana Heart Surgeons Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2007

Transaction ID: SA11AI.7884

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel G. Swistel

Mailing Address 25 East 86th Street

City New York State NY Zip Code 10028

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Luke's/Roosevelt Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 03 / 2007

Transaction ID: SA11AI.7583

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Brian L. Tell

Mailing Address 4040 Coon Rapids Boulevard

City Coon Rapids State MN Zip Code 55433

FEC ID number of contributing federal political committee. **C**

Name of Employer Twin Cities Heart Lung Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 03 / 2007

Transaction ID: SA11AI.7596

Amount of Each Receipt this Period 500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 70
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Norman W. Thoms

Mailing Address 5420 Southeast 37th Street

City State Zip Code
Tecumseh KS 66542

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 16 / 2007

Transaction ID: SA11AI.7699

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Curtis G. Tribble

Mailing Address 659 Northwest 155th Way

City State Zip Code
Newberry FL 32669

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Florida Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2007

Transaction ID: SA11AI.7766

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Reid W. Tribble

Mailing Address 1520 Hagood Avenue

City State Zip Code
Columbia SC 29205

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Cardiac Surgery Assoc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2007

Transaction ID: SA11AI.7862

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. David W. Vanhooser		Date of Receipt MM / DD / YYYY 07 / 11 / 2007		
	Mailing Address 406 East Robertson Road		Transaction ID: SA11AI.7614		
	City Enid	State OK	Zip Code 73701	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Integrus Health		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Dr. J. David Vega		Date of Receipt MM / DD / YYYY 12 / 03 / 2007		
	Mailing Address 2354 Massey Lane		Transaction ID: SA11AI.7971		
	City Decatur	State GA	Zip Code 30033	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Emory Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Dr. Michael J. Walker		Date of Receipt MM / DD / YYYY 08 / 28 / 2007		
	Mailing Address 3 Galilee Way		Transaction ID: SA11AI.7749		
	City Newtown	State CT	Zip Code 06470	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DOPS		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	915.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dr. Raymond S. Waters		Date of Receipt MM / DD / YYYY 07 / 03 / 2007
Mailing Address 223 Martin Luther King Boulevard		Transaction ID: SA11AI.7598
City Punta Gorda	State FL	Zip Code 33950
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Charlotte Harbor Cardiac	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Tracey L. Weigel		Date of Receipt MM / DD / YYYY 09 / 12 / 2007
Mailing Address 600 Highland Avenue		Transaction ID: SA11AI.7821
City Madison	State WI	Zip Code 53792
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer University of Wisconsin	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Dr. Paul W. Weldner		Date of Receipt MM / DD / YYYY 08 / 06 / 2007
Mailing Address 41 Stapleford Drive		Transaction ID: SA11AI.7687
City Falmouth	State ME	Zip Code 04105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Maine Heart Surgical Associate	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 70
(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dr. Paul H. Werner

Mailing Address 9550 North River Bend Court

City State Zip Code
River Hills WI 53217-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardiovascular Surgery As-soc. Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2007

Transaction ID: SA11AI.7585

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. A. Brian Wilcox, Jr.

Mailing Address 2010 Church Street

City State Zip Code
Nashville TN 37203-2081

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2007

Transaction ID: SA11AI.7615

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Brett A. Williams

Mailing Address 1300 28th Street, South

City State Zip Code
Great Falls MT 59405

FEC ID number of contributing federal political committee. **C**

Name of Employer Montana Heart PC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2007

Transaction ID: SA11AI.7865

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 70

(check only one)

<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)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Ronald K. Woods

Mailing Address 1017 Boren Avenue

City State Zip Code
Seattle WA 98104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Multicare Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.7981

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Roderick K. Yasuda

Mailing Address 18350 Roscoe Boulevard

City State Zip Code
Northridge CA 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Northridge Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.7689

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. J. Nilas Young

Mailing Address 312 Merganser Place

City State Zip Code
Davis CA 95616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of California-Davis Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.7817

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

81930.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 70

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7636 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="07"/> <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="29.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7635 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="07"/> <input type="text" value="10"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="29.50"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7641 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="07"/> <input type="text" value="13"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="59.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="118.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7674</p> <p>Date of Disbursement 07 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 55.02</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7675</p> <p>Date of Disbursement 07 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 4.50</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7681</p> <p>Date of Disbursement 08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 14.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

74.27

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7712 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="10.77"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7732 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="14.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7748 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="4.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="30.02"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7809 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="14.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7823 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="2.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7842 Date of Disbursement
	Mailing Address P.O. Box 53852	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2007"/>
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="29.50"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="47.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7857 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	2	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9	/	2	8	/	2	0	0	7												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees	<table border="1"><tr><td>4.50</td></tr></table>	4.50																		
4.50																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7873 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	2	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	2	/	2	0	0	7												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees	<table border="1"><tr><td>7.38</td></tr></table>	7.38																		
7.38																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.7912 Date of Disbursement																			
	Mailing Address P.O. Box 53852	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	1	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	1	8	/	2	0	0	7												
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Credit Card Fees	<table border="1"><tr><td>47.20</td></tr></table>	47.20																		
47.20																					
	Candidate Name	Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>59.08</td></tr></table>	59.08
59.08		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7925 Date of Disbursement 10 / 29 / 2007 Amount of Each Disbursement this Period 4.50
	Category/Type	[]

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7996 Date of Disbursement 12 / 20 / 2007 Amount of Each Disbursement this Period 1.48
	Category/Type	[]

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.7997 Date of Disbursement 12 / 28 / 2007 Amount of Each Disbursement this Period 4.50
	Category/Type	[]

SUBTOTAL of Disbursements This Page (optional) ▶	10.48
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.7637 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="295.36"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.7680 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="300.92"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.7798 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="250.90"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="847.18"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.7858 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="182.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.7933 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="94.81"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.7959 Date of Disbursement
	Mailing Address 7300 Chapman Highway	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="99.64"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="376.84"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1563.07"/>

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.7926 Date of Disbursement 11 / 07 / 2007
	Mailing Address 3069 CONQUISTA COURT	Amount of Each Disbursement this Period 1000.00
	City LAS VEGAS State NV Zip Code 89121	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name SHELLEY BERKLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012	Transaction ID: SB23.7670 Date of Disbursement 07 / 30 / 2007
	Mailing Address P.O. BOX 848	Amount of Each Disbursement this Period 2000.00
	City CHATTANOOGA State TN Zip Code 37401	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name ROBERT P. CORKER, JR.	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.7824 Date of Disbursement 09 / 21 / 2007
	Mailing Address P.O. BOX 1776	Amount of Each Disbursement this Period 1000.00
	City FREEDOM State PA Zip Code 15042	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JASON ALTMIRE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE	Transaction ID: SB23.7831 Date of Disbursement 09 / 21 / 2007
	Mailing Address P.O. BOX 2008	Amount of Each Disbursement this Period 1500.00
	City MURFREESBORO State TN Zip Code 37133	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name BARTON GORDON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)	Transaction ID: SB23.7913 Date of Disbursement 10 / 24 / 2007
	Mailing Address 5915 EASTMAN AVENUE	Amount of Each Disbursement this Period 2500.00
	City MIDLAND State MI Zip Code 48640	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS	Transaction ID: SB23.7616 Date of Disbursement 07 / 16 / 2007
	Mailing Address 84-56 GRAND AVENUE	Amount of Each Disbursement this Period 2500.00
	City ELMHURST State NY Zip Code 11373	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOSEPH CROWLEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE	Transaction ID: SB23.7957 Date of Disbursement
	Mailing Address 430 SOUTH CAPITOL STREET SOUTHEAST	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ENSIGN FOR SENATE	Transaction ID: SB23.7856 Date of Disbursement
	Mailing Address P.O. BOX 26568	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City LAS VEGAS State NV Zip Code 89126	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name JOHN ENSIGN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: NV District: 00	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	Transaction ID: SB23.7623 Date of Disbursement
	Mailing Address 151 LINDEN ROAD	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City MINEOLA State NY Zip Code 11501	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name CAROLYN MCCARTHY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: NY District: 04	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: SB23.7825
	Mailing Address P.O. BOX 2749	Date of Disbursement 09 / 21 / 2007
	City MERCED State CA Zip Code 95340	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name DENNIS CARDOZA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 18	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO	Transaction ID: SB23.7789
	Mailing Address 6896 CASPER MOUNTAIN ROAD	Date of Disbursement 09 / 07 / 2007
	City CASPER State WY Zip Code 82601	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN A. BARRASSO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WY District: 00	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF PATRICK J. KENNEDY INC.	Transaction ID: SB23.7838
	Mailing Address P.O. BOX 321	Date of Disbursement 09 / 21 / 2007
	City PAWTUCKET State RI Zip Code 02860	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name PATRICK J. KENNEDY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: RI District: 01	

SUBTOTAL of Disbursements This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN <hr/> Mailing Address 2280 KRESGE DRIVE <hr/> City AMHERST State OH Zip Code 44001 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name SHERROD BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7792 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS <hr/> Mailing Address P.O. BOX U <hr/> City MARIETTA State GA Zip Code 30060 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name PHILLIP J. GINGREY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7617 Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS <hr/> Mailing Address P.O. BOX 33027 <hr/> City SEATTLE State WA Zip Code 98133 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JAY R. INSLEE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7833 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JERRY WELER FOR CONGRESS INC.	Transaction ID: SB23.7673 Date of Disbursement 07 / 30 / 2007
	Mailing Address P.O. BOX 2368	
	City JOLIET State IL Zip Code 60434	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name GERALD C. 'JERRY' WELER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JIM JORDAN FOR CONGRESS	Transaction ID: SB23.7945 Date of Disbursement 11 / 19 / 2007
	Mailing Address 1709 STATE ROUTE 560 SOUTH	
	City URBANA State OH Zip Code 43078	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JAMES D. JORDAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS	Transaction ID: SB23.7828 Date of Disbursement 09 / 21 / 2007
	Mailing Address P.O. BOX 1961	
	City SOUTH BEND State IN Zip Code 46634	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JOSEPH S. DONNELLY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 70

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOHN S FUND	Transaction ID: SB23.7770 Date of Disbursement
	Mailing Address 1208 WEST LELAND AVENUE	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City SPRINGFIELD State IL Zip Code 62704	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.7951 Date of Disbursement
	Mailing Address 100 WEST COLLEGE AVENUE	<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City APPLETON State WI Zip Code 54911	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name STEVEN L. KAGEN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: WI District: 08	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KELLER FOR CONGRESS	Transaction ID: SB23.7769 Date of Disbursement
	Mailing Address P.O. BOX 1453	<input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
	City ORLANDO State FL Zip Code 32802	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name RICHARD ANTHONY KELLER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	State: FL District: 08	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) KENDRICK MEEK CAMPAIGN FOR CONGRESS	Transaction ID: SB23.7626 Date of Disbursement
	Mailing Address 111 NORTHWEST 183RD STREET	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City MIAMI State FL Zip Code 33169	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name KENDRICK B. MEEK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KENNEDY FOR SENATE 2012	Transaction ID: SB23.7835 Date of Disbursement
	Mailing Address 301 4TH STREET NORTHEAST	<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name EDWARD MOORE KENNEDY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LOUISE SLAUGHTER RE-ELECTION COMMITTEE	Transaction ID: SB23.7632 Date of Disbursement
	Mailing Address P.O. BOX 730	<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
	City HONEOYE State NY Zip Code 14471	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name LOUISE MCINTOSH SLAUGHTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 28	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARK PRYOR FOR US SENATE	Transaction ID: SB23.7629 Date of Disbursement 07 / 16 / 2007
	Mailing Address P.O. BOX 2720	
	City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name MARK L. PRYOR	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.7621 Date of Disbursement 07 / 16 / 2007
	Mailing Address P.O. Box 521048	
	City SALT LAKE CITY State UT Zip Code 84152	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name JAMES MATHESON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.7746 Date of Disbursement 08 / 29 / 2007
	Mailing Address P.O. BOX 1496	
	City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name MITCH MCCONNELL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS	Transaction ID: SB23.7822
	Mailing Address P.O. BOX 2334	Date of Disbursement 09 / 13 / 2007
	City DENTON State TX Zip Code 76202	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL BURGESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE	Transaction ID: SB23.7930
	Mailing Address P.O. BOX 1948	Date of Disbursement 11 / 07 / 2007
	City BOISE State ID Zip Code 83701	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name MICHAEL D. CRAPO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.7747
	Mailing Address 320 FIRST STREET	Date of Disbursement 08 / 29 / 2007
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement CONTRIBUTION Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH	Transaction ID: SB23.7634
	Mailing Address 7804 EVENING LANE	Date of Disbursement MM / DD / YYYY 07 / 16 / 2007
	City ALEXANDRIA State VA Zip Code 22306	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS	Transaction ID: SB23.7929
	Mailing Address P.O. BOX 425	Date of Disbursement MM / DD / YYYY 11 / 07 / 2007
	City ROSWELL State GA Zip Code 30077	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name THOMAS E. PRICE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RED ROOSTER LEADERSHIP PAC	Transaction ID: SB23.7793
	Mailing Address 228 SOUTH WASHINGTON STREET	Date of Disbursement MM / DD / YYYY 09 / 07 / 2007
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) RON LEWIS FOR CONGRESS	Transaction ID: SB23.7954
	Mailing Address P.O. BOX 307	Date of Disbursement 12 / 04 / 2007
	City ELIZABETHTOWN State KY Zip Code 42702	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name RON LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: SB23.7915
	Mailing Address P.O. BOX 32025	Date of Disbursement 10 / 24 / 2007
	City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SHORE PAC	Transaction ID: SB23.7794
	Mailing Address P.O. BOX 3157	Date of Disbursement 09 / 07 / 2007
	City LONG BRANCH State NJ Zip Code 07740	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC	Transaction ID: SB23.7853 Date of Disbursement 09 / 27 / 2007
	Mailing Address 6850 AUSTIN CENTRE BOULEVARD	Amount of Each Disbursement this Period 2000.00
	City AUSTIN State TX Zip Code 78731	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name JOHN CORNYN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC	Transaction ID: SB23.7950 Date of Disbursement 12 / 04 / 2007
	Mailing Address P.O. BOX 1859	Amount of Each Disbursement this Period 1000.00
	City SIOUX FALLS State SD Zip Code 57101	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name TIM JOHNSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE	Transaction ID: SB23.7956 Date of Disbursement 12 / 04 / 2007
	Mailing Address P.O. BOX 40385	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20016	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) UDALL FOR COLORADO INC	Transaction ID: SB23.7995 Date of Disbursement																			
	Mailing Address 8690 Wolff Court #200	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	0	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2	/	2	0	/	2	0	0	7												
	City Westminster State CO Zip Code 80031	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name MARK E. UDALL	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: CO District: 00																				

B.	Full Name (Last, First, Middle Initial) VIRGINIA FOXX FOR CONGRESS	Transaction ID: SB23.7638 Date of Disbursement																			
	Mailing Address P.O. BOX 1100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	2	3	/	2	0	0	7												
	City CLEMMONS State NC Zip Code 27012	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name VIRGINIA FOXX	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: NC District: 05																				

C.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: SB23.7639 Date of Disbursement																			
	Mailing Address P.O. BOX 5458	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	3	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7	/	2	3	/	2	0	0	7												
	City SPRINGFIELD State IL Zip Code 62705	Amount of Each Disbursement this Period																			
	Purpose of Disbursement CONTRIBUTION	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name JOHN M. SHIMKUS	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: IL District: 19																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>69000.00</td></tr></table>	69000.00
69000.00		