

**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	<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City Westminster State CO Zip Code 80031	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>
	Candidate Name MARK E. UDALL	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO 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) VIRGINIA FOXX FOR CONGRESS	Transaction ID: SB23.7638 Date of Disbursement
	Mailing Address P.O. BOX 1100	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City CLEMMONS State NC Zip Code 27012	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name VIRGINIA FOXX	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS	Transaction ID: SB23.7639 Date of Disbursement
	Mailing Address P.O. BOX 5458	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
	City SPRINGFIELD State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name JOHN M. SHIMKUS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="69000.00"/>