10/15/2004 14 : 11

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

CITY ▲ STATE ▲ ZIPCODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- X 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 2004 through 09 30 2004

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 J. Michael Hogan - Ass't Treasurer

Signature of Treasurer Electronically Filed by J. Michael Hogan - Ass't Treasurer Date 10 15 2004

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							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		14676.64
(b) Cash on Hand at Begining of Reporting Period	102926.76	
(c) Total Receipts (from Line 19)	3000.00	177960.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	105926.76	192636.64
7. Total Disbursements (from Line 31)	66410.00	153319.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39516.76	39516.76
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	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3000.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	3000.00	175960.00
(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) ..... ▶	3000.00	175960.00
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	2000.00
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))	3000.00	177960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3000.00	177960.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	60.00	2469.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	60.00	2469.88
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	54500.00	137000.00
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	11850.00	13850.00
(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)) ▶	11850.00	13850.00
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))	66410.00	153319.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	66410.00	153319.88

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)	3000.00	175960.00
34. Total Contribution Refunds (from Line 28(d))	11850.00	13850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-8850.00	162110.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	60.00	2469.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	60.00	2469.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)
[X] 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. Robert Johnson
Mailing Address: 8450 Ellenwood
City: St. Louis | State: MO | Zip Code: 63105
FEC ID number of contributing federal political committee: C
Name of Employer: St. Louis University
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 11 2004
Transaction ID: SA11A1.5055
Amount of Each Receipt this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Dr. William Kitchens
Mailing Address: 2233 Pickens Road
City: Augusta | State: GA | Zip Code: 30904
FEC ID number of contributing federal political committee: C
Name of Employer: Augusta Card. & Thor. Surgeons
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 21 2004
Transaction ID: SA11A1.4962
Amount of Each Receipt this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Dr. Edward Lepperd
Mailing Address: 1863 Woodlake Drive
City: Columbia | State: SC | Zip Code: 29206
FEC ID number of contributing federal political committee: C
Name of Employer: Thoracic & Cardiovascular Asso
Occupation: Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 21 2004
Transaction ID: SA11A1.4964
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27
(check only one)
[X] 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. Robert Tranbaugh

Mailing Address 1105 Park Avenue

City: New York
State: NY
Zip Code: 10128-1200

FEC ID number of contributing federal political committee: C

Name of Employer: Beth Israel Medical Center

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
07 21 2004

Transaction ID: SA11A1.4968

Amount of Each Receipt this Period
1000.00

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

TOTAL This Period (last page this line number only) ..... ▶ 3000.00

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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): Merchant Services
Mailing Address: 7300 Chapman Highway
City: Knoxville State: TN Zip Code: 37920
Purpose of Disbursement: Credit Card Fees
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB21B.5083
Date of Disbursement: 07/02/2004
Amount of Each Disbursement this Period: 20.00

B.
Full Name (Last, First, Middle Initial): Merchant Services
Mailing Address: 7300 Chapman Highway
City: Knoxville State: TN Zip Code: 37920
Purpose of Disbursement: Credit Card Fees
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB21B.5097
Date of Disbursement: 08/03/2004
Amount of Each Disbursement this Period: 20.00

C.
Full Name (Last, First, Middle Initial): Merchant Services
Mailing Address: 7300 Chapman Highway
City: Knoxville State: TN Zip Code: 37920
Purpose of Disbursement: Credit Card Fees
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB21B.5150
Date of Disbursement: 09/02/2004
Amount of Each Disbursement this Period: 20.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **60.00**

TOTAL This Period (last page this line number only) ..... ▶ **60.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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): BILL MCCOLLUM FOR US SENATE
Mailing Address: P.O. BOX 532015
City: ORLANDO State: FL Zip Code: 32853
Purpose of Disbursement: CONTRIBUTION
Candidate Name: BILL MCCOLLUM
Category/Type
Office Sought: House / X Senate / President
State: FL District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5034
Date of Disbursement: 08 / 04 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): BLUE DOG POLITICAL ACTION COMMITTEE
Mailing Address: 6849 OLD DOMINION DRIVE SUITE 222
City: MCLEAN State: VA Zip Code: 22101
Purpose of Disbursement: CONTRIBUTION
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General Other (specify)
Transaction ID: SB23.5074
Date of Disbursement: 08 / 25 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): CHARLES BOUSTANY JR. FOR CONGRESS
Mailing Address: 331 BEVERLY DRIVE
City: LAFAYETTE State: LA Zip Code: 70503
Purpose of Disbursement: CONTRIBUTION
Candidate Name: CHARLES BOUSTANY, JR.
Category/Type
Office Sought: X House / Senate / President
State: LA District: 07
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5099
Date of Disbursement: 09 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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): CHARLIE DENT FOR CONGRESS
Mailing Address: P.O. BOX 442
City: ALLENTOWN State: PA Zip Code: 18105
Purpose of Disbursement: CONTRIBUTION
Candidate Name: CHARLES DENT
Office Sought: X House / Senate / President
State: PA District: 15
Disbursement For: 2004 Primary X General Other (specify)
Category/Type
Transaction ID: SB23.5031
Date of Disbursement: 08 / 04 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): COBURN FOR SENATE COMMITTEE
Mailing Address: 3300 WEST OKMULGEE P.O. BOX 977
City: MUSKOGEE State: OK Zip Code: 74401
Purpose of Disbursement: CONTRIBUTION
Candidate Name: THOMAS COBURN
Office Sought: House / X Senate / President
State: OK District: 00
Disbursement For: 2004 Primary X General Other (specify)
Category/Type
Transaction ID: SB23.5076
Date of Disbursement: 08 / 25 / 2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): CRANE FOR CONGRESS COMMITTEE
Mailing Address: P.O. BOX 8534
City: ROLLING MEADOWS State: IL Zip Code: 60008
Purpose of Disbursement: CONTRIBUTION
Candidate Name: PHILIP CRANE
Office Sought: X House / Senate / President
State: IL District: 08
Disbursement For: 2004 Primary X General Other (specify)
Category/Type
Transaction ID: SB23.5084
Date of Disbursement: 09 / 16 / 2004
Amount of Each Disbursement this Period: 2000.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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): FRIENDS OF BLANCHE LINCOLN
Mailing Address: P.O. BOX 3197
City: LITTLE ROCK State: AR Zip Code: 72203
Purpose of Disbursement: CONTRIBUTION
Candidate Name: BLANCHE LINCOLN
Category/Type
Office Sought: House / X Senate / President
State: AR District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5087
Date of Disbursement: 08 / 25 / 2004
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: P.O. BOX 586
City: HELENA State: MT Zip Code: 59624
Purpose of Disbursement: CONTRIBUTION
Candidate Name: MAX BAUCUS
Category/Type
Office Sought: House / X Senate / President
State: MT District: 00
Disbursement For: 2008 X Primary General Other (specify)
Transaction ID: SB23.5084
Date of Disbursement: 08 / 25 / 2004
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF MIKE FERGUSON
Mailing Address: P.O. BOX 225
City: COLONIA State: NJ Zip Code: 07067
Purpose of Disbursement: CONTRIBUTION
Candidate Name: MIKE FERGUSON
Category/Type
Office Sought: X House / Senate / President
State: NJ District: 07
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5095
Date of Disbursement: 09 / 16 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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): FRIENDS OF ROY BLUNT
Mailing Address: P.O. BOX 50100
City: SPRINGFIELD State: MO Zip Code: 65805
Purpose of Disbursement: CONTRIBUTION
Candidate Name: ROY BLUNT
Category/Type
Office Sought: X House / Senate / President
State: MO District: 07
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5025
Date of Disbursement: 08 / 04 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): GEORGIANS FOR ISAKSON
Mailing Address: 6000 LAKE FORREST DRIVE
City: ATLANTA State: GA Zip Code: 30328
Purpose of Disbursement: CONTRIBUTION
Candidate Name: JOHN ISAKSON
Category/Type
Office Sought: House / X Senate / President
State: GA District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5094
Date of Disbursement: 09 / 16 / 2004
Amount of Each Disbursement this Period: 3000.00

C.
Full Name (Last, First, Middle Initial): GLACIER PAC
Mailing Address: 818 CONNECTICUT AVENUE, N.W. SUITE 1100
City: WASHINGTON State: DC Zip Code: 20006
Purpose of Disbursement: CONTRIBUTION
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General Other (specify)
Transaction ID: SB23.5057
Date of Disbursement: 08 / 12 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10500.00**

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)

21b	22	X 23	24	25	26
27	28a	28b	28c	29	30b

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)
HOOSIERS SUPPORTING BUYER FOR CONGRESS

Mailing Address 200 NORTH MAIN STREET
P.O. BOX 712

City: MONTICELLO
State: IN
Zip Code: 47960

Purpose of Disbursement: CONTRIBUTION

Candidate Name: STEVE BUYER

Category/Type

Office Sought: X House / Senate / President
State: IN District: 04

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5071
Date of Disbursement: 08 / 25 / 2004

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
J.D. HAYWORTH FOR CONGRESS

Mailing Address 14300 N. NORTHSIGHT BOULEVARD
SUITE 105

City: SCOTTSDALE
State: AZ
Zip Code: 85260

Purpose of Disbursement: VOID 06/17/2003 CONTRIBUTION

Candidate Name: J.D. HAYWORTH

Category/Type

Office Sought: X House / Senate / President
State: AZ District: 05

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: SB23.5117
Date of Disbursement: 09 / 16 / 2004

Amount of Each Disbursement this Period: -1000.00

C.
Full Name (Last, First, Middle Initial)
JERRY WELLER FOR CONGRESS INC.

Mailing Address P.O. BOX 15283

City: WASHINGTON
State: DC
Zip Code: 20003

Purpose of Disbursement: CONTRIBUTION

Candidate Name: JERRY WELLER

Category/Type

Office Sought: X House / Senate / President
State: IL District: 11

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5087
Date of Disbursement: 09 / 16 / 2004

Amount of Each Disbursement this Period: 1000.00

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

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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): JOHN D. DINGELL FOR CONGRESS COMMITTEE
Mailing Address: 607 14TH STREET, N.W.
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: CONTRIBUTION
Candidate Name: JOHN DINGELL
Category/Type
Office Sought: X House / Senate / President
State: MI District: 15
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5096
Date of Disbursement: 09 / 16 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): JOHN SULLIVAN FOR CONGRESS
Mailing Address: P.O. BOX 470840
City: TULSA State: OK Zip Code: 74147
Purpose of Disbursement: SPRINGFIELD REPUB. EVENT 2004 ALLOCATION
Candidate Name: JOHN SULLIVAN
Category/Type
Office Sought: X House / Senate / President
State: OK District: 01
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5110
Date of Disbursement: 09 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial): KEEP OUR MAJORITY PAC
Mailing Address: P.O. BOX 20209
City: ALEXANDRIA State: VA Zip Code: 22320
Purpose of Disbursement: CONTRIBUTION
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General Other (specify)
Transaction ID: SB23.5038
Date of Disbursement: 08 / 04 / 2004
Amount of Each Disbursement this Period: 5000.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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): MIKE PAC
Mailing Address: P.O. BOX 65796
City: WASHINGTON State: DC Zip Code: 20035
Purpose of Disbursement: SPRINGFIELD REPUB. EVENT 2004 ALLOCATION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.5115
Date of Disbursement: 09 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
[MEMO ITEM]

B.
Full Name (Last, First, Middle Initial): NATIONAL REPUBLICAN SENATORIAL COMMITTEE
Mailing Address: 425 SECOND STREET, N.E.
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.5106
Date of Disbursement: 09 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): NETHERCUTT FOR SENATE
Mailing Address: 601 WEST RIVERSIDE
City: SPOKANE State: WA Zip Code: 99201
Purpose of Disbursement: CONTRIBUTION
Candidate Name: GEORGE NETHERCUTT
Category/Type:
Office Sought: House / X Senate / President
State: WA District: 00
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: SB23.5036
Date of Disbursement: 08 / 04 / 2004
Amount of Each Disbursement this Period: 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)
PICKERING FOR CONGRESS

Mailing Address P.O. BOX 4297

City BRANDON State MS Zip Code 39047

Purpose of Disbursement
CONTRIBUTION

Candidate Name
CHARLES PICKERING

Category/Type

Office Sought: X House / Senate / President
State: MS District: 03

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5091
Date of Disbursement
09 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

B.
Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement
CONTRIBUTION

Candidate Name
THOMAS PRICE

Category/Type

Office Sought: X House / Senate / President
State: GA District: 06

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5037
Date of Disbursement
08 / 04 / 2004

Amount of Each Disbursement this Period
1000.00

C.
Full Name (Last, First, Middle Initial)
PRYCE FOR CONGRESS

Mailing Address 145 EAST RICH STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DEBORAH PRYCE

Category/Type

Office Sought: X House / Senate / President
State: OH District: 15

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: SB23.5077
Date of Disbursement
08 / 25 / 2004

Amount of Each Disbursement this Period
2000.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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)
RICHARD E. NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City: SPRINGFIELD | State: MA | Zip Code: 01108

Purpose of Disbursement: CONTRIBUTION

Candidate Name: RICHARD NEAL

Category/Type

Office Sought: X House / Senate / President

State: MA District: 02

Disbursement For: 2004 Primary X General Other (specify) ▼

Transaction ID: SB23.5100
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial)
SMILE PAC

Mailing Address P.O. BOX 2178

City: EVANS | State: GA | Zip Code: 30809

Purpose of Disbursement: SPRINGFIELD REPUB. EVENT 2004 ALLOCATION

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB23.5113
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

[MEMO ITEM]

C.
Full Name (Last, First, Middle Initial)
SPRINGFIELD REPUBLICAN EVENT 2004

Mailing Address 1111 14TH STREET, N.W. SUITE 1100

City: WASHINGTON | State: DC | Zip Code: 20005

Purpose of Disbursement: CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB23.5108
Date of Disbursement: 09 / 23 / 2004

Amount of Each Disbursement this Period: 3000.00

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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): UPTON FOR ALL OF US
Mailing Address: P.O. BOX 490
City: ST. JOSEPH State: MI Zip Code: 49085
Purpose of Disbursement: CONTRIBUTION
Candidate Name: FREDERICK UPTON
Category/Type
Office Sought: X House / Senate / President
State: MI District: 06
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5090
Date of Disbursement: 08 / 25 / 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): WYDEN FOR SENATE
Mailing Address: 123 N.E. 3RD, SUITE 321
City: PORTLAND State: OR Zip Code: 97232
Purpose of Disbursement: CONTRIBUTION
Candidate Name: RONALD WYDEN
Category/Type
Office Sought: House / X Senate / President
State: OR District: 00
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: SB23.5103
Date of Disbursement: 09 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2000.00
TOTAL This Period (last page this line number only) ..... ▶	54500.00

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Jean Allard
Mailing Address: 644 East Regent Street, Suite 101
City: Inglewood State: CA Zip Code: 90301
Purpose of Disbursement: Refund 8/20/2002 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5154
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Dr. Kit Arom
Mailing Address: 2 Soi Soonvijai 7, New Phetburi Road
City: Bangkok State: ZZ Zip Code: 10320
Purpose of Disbursement: Refund 2/4/2004 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5155
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Dr. Kit Arom
Mailing Address: 2 Soi Soonvijai 7, New Phetburi Road
City: Bangkok State: ZZ Zip Code: 10320
Purpose of Disbursement: Refund 2/16/2000 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5186
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Stuart Boe
Mailing Address: 5601 N. Dixie Highway, Suite 209
City: Fort Lauderdale State: FL Zip Code: 33334
Purpose of Disbursement: Refund 6/30/2003 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5156
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 100.00

B.
Full Name (Last, First, Middle Initial): Dr. Normand Caron
Mailing Address: 2800 Hayes Avenue, Bldg G
City: Sandusky State: OH Zip Code: 44870
Purpose of Disbursement: Refund 2/4/2004 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5158
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Dr. Joseph Craver
Mailing Address: 1365 Clifton Road, N.E.
City: Atlanta State: GA Zip Code: 30322
Purpose of Disbursement: Refund 3/20/2003 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5159
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1600.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Nandkumar Dandekar

Mailing Address 315 N. Third Avenue
Suite 307

City: Covina | State: CA | Zip Code: 91723

Purpose of Disbursement
Refund 6/30/2003 Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB28A.5160
Date of Disbursement: 09 / 30 / 2004

Amount of Each Disbursement this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. James Day

Mailing Address 9601 Lile Drive, Medical Towers 1
Suite 650

City: Little Rock | State: AR | Zip Code: 72205

Purpose of Disbursement
Refund 2/4/2004 Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB28A.5162
Date of Disbursement: 09 / 30 / 2004

Amount of Each Disbursement this Period: 250.00

C.
Full Name (Last, First, Middle Initial)
Dembach, Muskett & Winton

Mailing Address 2900 12th Avenue North
Suite 305 East

City: Billings | State: MT | Zip Code: 59101

Purpose of Disbursement
Refund 5/15/2003 Contribution

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB28A.5163
Date of Disbursement: 09 / 30 / 2004

Amount of Each Disbursement this Period: 200.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **550.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Richard Fischel
Mailing Address: 2601 East Chapman Avenue
City: Orange | State: CA | Zip Code: 92669-3296
Purpose of Disbursement: Refund 9/12/2002 Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5165
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Dr. Julius Garvey
Mailing Address: 3003 New Hyde Park Road
City: New Hyde Park | State: NY | Zip Code: 11042
Purpose of Disbursement: Refund 9/10/2002 Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5167
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Health Science Center Foundation at Syracuse, Inc.
Mailing Address: 750 East Adams Street, Suite 8140
City: Syracuse | State: NY | Zip Code: 13210
Purpose of Disbursement: Refund 9/30/2000 Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5168
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Avraam Karas
Mailing Address: 5601 Loch Raven Boulevard, Suite 404
City: Baltimore State: MD Zip Code: 21239
Purpose of Disbursement: Refund 3/27/2002 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5170
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 200.00

B.
Full Name (Last, First, Middle Initial): Dr. Avraam Karas
Mailing Address: 5601 Loch Raven Boulevard, Suite 404
City: Baltimore State: MD Zip Code: 21239
Purpose of Disbursement: Refund 5/15/2002 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5172
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Dr. Paul Kiernan
Mailing Address: 3301 Woodburn Road, Suite 301
City: Annandale State: VA Zip Code: 22003-1229
Purpose of Disbursement: Refund 4/17/1998 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5175
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1400.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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): Lamelas & Associates
Mailing Address: 11760 S.W. 40th Street, Suite 722
City: Miami State: FL Zip Code: 33175
Purpose of Disbursement: Refund 5/11/2003 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5173
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial): Prairie Thoracic & Cardiovascular Surgeons
Mailing Address: 619 East Mason Street
City: Springfield State: IL Zip Code: 62701
Purpose of Disbursement: Refund 2/29/2000 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5177
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Raj Cardiovascular Association
Mailing Address: 5200 Centre Avenue, Suite 216
City: Pittsburgh State: PA Zip Code: 15232
Purpose of Disbursement: Refund 4/21/2000 Contribution
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5179
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1750.00**

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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. Humberto Ravelo
Mailing Address: 4352 Clubhouse Drive
City: Lakewood State: CA Zip Code: 90712
Purpose of Disbursement: Refund 5/15/2003 Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5181
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Dr. Arthur Dwayne Santos
Mailing Address: 1420 Logan Avenue
City: Laredo State: TX Zip Code: 78040
Purpose of Disbursement: Refund 3/26/2004 Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5182
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Dr. Michael Teodori
Mailing Address: 1920 East Cambridge Avenue Suite 304
City: Phoenix State: AZ Zip Code: 85006-1464
Purpose of Disbursement: Refund 1/22/2001 Contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB28A.5183
Date of Disbursement: 09 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ **2050.00**

TOTAL This Period (last page this line number only) ▶ **11850.00**

Form/Schedule: **SB28A** Originally Reported as Joseph Lamelas
Transaction ID: **SB28A.5173**

Form/Schedule: **SB28A** Originally Reported as Eric Thompson
Transaction ID: **SB28A.5177**

Form/Schedule: **SB28A** Originally Reported as Venkat Machiraju
Transaction ID: **SB28A.5179**