

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 2006 through 09 30 2006

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 10 12 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (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	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		116823.22
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	53468.59									
(c) Total Receipts (from Line 19)	55112.00	123937.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108580.59	240760.22								
7. Total Disbursements (from Line 31)	78594.01	210773.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29986.58	29986.58								
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	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	52195.00	116060.00
(i) Itemized (use Schedule A)	2917.00	7877.00
(ii) Unitemized	55112.00	123937.00
(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)	55112.00	123937.00
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))	55112.00	123937.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	55112.00	123937.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	594.01	2028.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	594.01	2028.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78000.00	208745.15
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))..	78594.01	210773.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	78594.01	210773.64

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	55112.00	123937.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55112.00	123937.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	594.01	2028.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	594.01	2028.49

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. James S. Allan		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 4 Lorraine Terrace		Transaction ID: SA11A1.6734	
City Marblehead	State MA	Zip Code 01945	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts General Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Nicholas V. Augelli		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 3232 Valleywynds Drive		Transaction ID: SA11A1.6783	
City Bettendorf	State IA	Zip Code 52722	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Genesis Health System	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert T. Baldwin		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 3325 Chevy Chase Drive		Transaction ID: SA11A1.6898	
City Houston	State TX	Zip Code 77019	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Texas Surgical Associates	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) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. William A. Baumgartner		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 2 Malvern Court		Transaction ID: SA11A1.6901
City Baltimore	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Johns Hopkins University	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas M. Beaver		Date of Receipt MM / DD / YYYY 09 / 12 / 2006
Mailing Address 1600 Southwest Archer Road		Transaction ID: SA11A1.6843
City Gainesville	State FL	Zip Code 32610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer University of Florida	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Charles H. Benoit		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 164 Beth Ellen Drive		Transaction ID: SA11A1.6902
City Lewisburg	State PA	Zip Code 17837
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Geisinger Medical Center	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)	▶	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: (check only one)	PAGE 8 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Geoffrey B. Blossom		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 1742 Edgemont Road		Transaction ID: SA11A1.6869	
City State Zip Code Columbus OH 43212	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CT and Vascular Surgical	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Mary J. Boylan		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 1201 Denney Drive		Transaction ID: SA11A1.6899	
City State Zip Code Duluth MN 55805	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Luke's Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Scott M. Bradley		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 751 Lakenheath Drive		Transaction ID: SA11A1.6871	
City State Zip Code Mt. Pleasant SC 29464	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of South Carolina	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) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. John R. Breaux		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006
Mailing Address 34315 Bierhorst Road		Transaction ID: SA11A1.6737
City State Zip Code Slidell LA 70460	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiothoracic Surgery, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr. Lawrence R. Breitkreutz		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006
Mailing Address P.O. Box 3012		Transaction ID: SA11A1.6872
City State Zip Code Abilene TX 79604	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Abilene CV Surgery, PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Scott A. Buchanan		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 21 Twin Ponds Drive		Transaction ID: SA11A1.6785
City State Zip Code Falmouth ME 04105	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Maine Heart Surgical Assoc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 55
	<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. Normand R. Caron

Mailing Address 2835 Wickerwood Court

City State Zip Code
 Columbia MO 65201

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

Name of Employer Occupation
 University of Missouri Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2006

Transaction ID: SA11A1.6937

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1409 Glenn Place

City State Zip Code
 Eau Claire WI 54703

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

Name of Employer Occupation
 Marshfield Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 29 / 2006

Transaction ID: SA11A1.6787

Amount of Each Receipt this Period
 365.00

C. Full Name (Last, First, Middle Initial)
 Dr. Nicholas C. Cavarocchi

Mailing Address 40 Sleepyhollow Drive

City State Zip Code
 Newtown Square PA 19073

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

Name of Employer Occupation
 Hershey Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 26 / 2006

Transaction ID: SA11A1.6923

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 55
	<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. Joseph C. Cleveland

Mailing Address 4200 East Ninth Avenue

City State Zip Code
Denver CO 80262

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

Name of Employer Occupation
University of Colorado Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 6

Transaction ID: SA11A1.6751

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. William H. Coltharp

Mailing Address 4230 Harding Road

City State Zip Code
Nashville TN 37205

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

Name of Employer Occupation
Cardiovascular Surgery 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 8 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.6796

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark W. Connolly

Mailing Address 200 East Ninth Street

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Cathedral Healthcare 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 8 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.6797

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 55
	<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. Paul J. Corso

Mailing Address 1439 Harvest Crossing Drive

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
Washington Regional Cardiac Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: SA11A1.6890

Amount of Each Receipt this Period
500.00

B. 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 Occupation
CT and Vascular Surgical Assoc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: SA11A1.6873

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Irving B. David

Mailing Address 5601 North Dixie Highway

City State Zip Code
Oakland Park FL 33334

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

Name of Employer Occupation
Heart Lung Surgical Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: SA11A1.6891

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 55
	<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 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
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: SA11A1.6823

Amount of Each Receipt this Period
500.00

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

Mailing Address 1722 Shaffer Street

City State Zip Code
Kalamazoo MI 49048

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

Name of Employer Occupation
Cardiothoracic Surgery, PC Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: SA11A1.6892

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Harry J. DePan

Mailing Address 2447 York Seat

City State Zip Code
Schenectady NY 12309

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

Name of Employer Occupation
Albany Cardiothoracic Surgeons Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: SA11A1.6845

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 55
	<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 P. Deschner

Mailing Address 2015 Sycamore Hills Drive

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer Occupation
Indiana/Ohio Heart Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6824

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Dennis P. Eastman

Mailing Address 4406 Deer Run

City State Zip Code
Evans GA 30809

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

Name of Employer Occupation
United States Army Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 06 / 2006

Transaction ID: SA11A1.6875

Amount of Each Receipt this Period
365.00

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 Occupation
Catawba-Piedmont Cardio Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6825

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 55
	<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. Fred H. Edwards

Mailing Address 4614 Ortega Forest Drive

City Jacksonville State FL Zip Code 32210

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 ▼ 365.00

Date of Receipt
08 / 29 / 2006

Transaction ID: SA11A1.6789

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen W. Ely

Mailing Address 257 McDowell Street

City Asheville State NC Zip Code 28803

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 ▼ 365.00

Date of Receipt
08 / 23 / 2006

Transaction ID: SA11A1.6754

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. L. Penfield Faber

Mailing Address 141 South Sunset

City La Grange State IL Zip Code 60525

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

Name of Employer Thoracic Surgical Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
08 / 28 / 2006

Transaction ID: SA11A1.6798

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1030.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 55
	<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. Joseph A. Forbess

Mailing Address 1935 Motor Street

City State Zip Code
Dallas TX 75235

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

Name of Employer Occupation
University of Texas, SW Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
08 / 23 / 2006

Transaction ID: SA11A1.6756

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth A. Fox

Mailing Address 1010 West 40th Street

City State Zip Code
Austin TX 78756

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

Name of Employer Occupation
CTVS Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
09 / 12 / 2006

Transaction ID: SA11A1.6846

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard K. Freeman

Mailing Address 8333 Naab Road

City State Zip Code
Indianapolis IN 46260

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

Name of Employer Occupation
Corvasc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 21 / 2006

Transaction ID: SA11A1.6894

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Ralph J. Galdieri		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 3070 North 51st Street		Transaction ID: SA11A1.6895	
City State Zip Code Milwaukee WI 53210	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wisconsin Heart Group	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Edward B. Gerhardt		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 3019 Redford Drive		Transaction ID: SA11A1.6905	
City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CV and Thoracic Surgeons	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Mohammad A. Gharavi		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 16255 Ventura Boulevard		Transaction ID: SA11A1.6907	
City State Zip Code Encino CA 91436	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 55
	<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. Christian L. Gilbert

Mailing Address 50 North Dunlap Street

City State Zip Code
Memphis TN 38103

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

Name of Employer Occupation
Univ of Tennessee Medical Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2006

Transaction ID: SA11A1.6860

Amount of Each Receipt this Period
500.00

B. 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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: SA11A1.6741

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard Gitter

Mailing Address 880 Montclair Road

City State Zip Code
Birmingham AL 35213

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

Name of Employer Occupation
Thoracic and Cardiovascular Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2006

Transaction ID: SA11A1.6799

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 55
	<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. John P. Gott

Mailing Address 3785 Paces Ridge Road

City Atlanta State GA Zip Code 30327

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

Name of Employer Peachtree Cardiovascular 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
0	8	/	2	9	/	2	0	0	6

Transaction ID: SA11A1.6790

Amount of Each Receipt this Period
365.00

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

Mailing Address 888 South King Street

City Honolulu State HI Zip Code 96813

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

Name of Employer Straub Clinic and Hospital 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	/	2	3	/	2	0	0	6

Transaction ID: SA11A1.6757

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. D. Tyler Greenfield

Mailing Address 4513 13th Street

City Lubbock State TX Zip Code 79416

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

Name of Employer Covenant Medical Group 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
0	9	/	2	6	/	2	0	0	6

Transaction ID: SA11A1.6924

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Arthur Grimball		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006
Mailing Address 386 Weatheridge Drive		Transaction ID: SA11A1.6830
City State Zip Code Jackson TN 38305	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Myles S. Guber		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006
Mailing Address 355 Ash Street		Transaction ID: SA11A1.6759
City State Zip Code Denver CO 80220	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Colorado Cardiovascular	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Walter H. Halloran		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 500 Arcade Avenue		Transaction ID: SA11A1.6863
City State Zip Code Elkhart IN 46514	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Cardiothoracic Surgery, P.C.	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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 55
	<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. 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 Occupation
Cardiothoracic Surgery Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2006

Transaction ID: SA11A1.6908

Amount of Each Receipt this Period
500.00

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

Mailing Address 1357 Falmouth Road

City State Zip Code
Chattanooga TN 37405

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
09 / 21 / 2006

Transaction ID: SA11A1.6910

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Stephen Huber

Mailing Address 1355 Orange Avenue

City State Zip Code
Winter Park FL 32789

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

Name of Employer Occupation
Central Florida Cardiothoracic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2006

Transaction ID: SA11A1.6760

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Connie C. Hutton		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 67 Copperleaf Drive		Transaction ID: SA11A1.6897
City The Woodlands	State TX	Zip Code 77381
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Southern Texas Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Fraser M. Keith		Date of Receipt MM / DD / YYYY 08 / 23 / 2006
Mailing Address 742 Glendale Boulevard		Transaction ID: SA11A1.6743
City Mansfield	State OH	Zip Code 44907
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Midwestern Cardiac Surgery	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. William R. Kitchens		Date of Receipt MM / DD / YYYY 09 / 12 / 2006
Mailing Address 2233 Pickens Road		Transaction ID: SA11A1.6834
City Augusta	State GA	Zip Code 30904
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Augusta Cardio and Thoracic	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 55
	<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. James D. Knoepp

Mailing Address 2906 George's Lane

City State Zip Code
Alexandria LA 71301

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

Name of Employer Occupation
Christus Medical Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2006

Transaction ID: SA11A1.6791

Amount of Each Receipt this Period
500.00

B. 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 Occupation
Cardiac, Thoracic and Vas-
cular Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2006

Transaction ID: SA11A1.6912

Amount of Each Receipt this Period
500.00

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

Mailing Address 1600 Morgantown Road

City State Zip Code
Pinehurst NC 28374

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: SA11A1.6879

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 55
	<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. Hope S. Kuehner

Mailing Address 9802 County Road Y

City State Zip Code
Marshfield WI 54449

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

Name of Employer Occupation
Marshfield Clinic Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6835

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. John P. Kupferschmid

Mailing Address 7711 Louis Pasteur Drive

City State Zip Code
San Antonio TX 78229

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

Name of Employer Occupation
Texas Transplant Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 12 / 2006

Transaction ID: SA11A1.6848

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott 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 Occupation
Baylor College of Medicine Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2006

Transaction ID: SA11A1.6800

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Andrew J. Lodge		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 28 Oak Drive		Transaction ID: SA11A1.6929	
City State Zip Code Durham NC 27707	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Jack W. Love		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 785 Carosam Road		Transaction ID: SA11A1.6850	
City State Zip Code Santa Barbara CA 93110	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Retired Occupation Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. James D. Luketich		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 30 Sweet Water Lane		Transaction ID: SA11A1.6913	
City State Zip Code Pittsburgh PA 15238	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pittsburgh 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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 55
	<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. Patrick M. McCarthy

Mailing Address 1833 North Mohawk

City State Zip Code
 Chicago IL 60614

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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2006

Transaction ID: SA11A1.6836

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 35 Arcadian Drive

City State Zip Code
 Springboro OH 45066

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

Name of Employer Kettering Cardio and Vascular 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
 08 / 23 / 2006

Transaction ID: SA11A1.6762

Amount of Each Receipt this Period
 250.00

C. 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 Front Range Cardiac, Thoracic 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
 09 / 05 / 2006

Transaction ID: SA11A1.6865

Amount of Each Receipt this Period
 1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 55
	<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. Xavier R. Mousset

Mailing Address 1605 Foster Street

City State Zip Code
Lake Charles LA 70605

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

Name of Employer Cardiothoracic Surg. of South
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
08 / 15 / 2006

Transaction ID: SA11A1.6733

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Edmund Nagem

Mailing Address 155 Hospital Drive

City State Zip Code
Lafayette LA 70503-2852

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

Name of Employer Cardiovascular Clinic Inc
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
09 / 26 / 2006

Transaction ID: SA11A1.6927

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Viswa B. Nathan

Mailing Address 40 Grouse Lane

City State Zip Code
Woodbridge CT 06525

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

Name of Employer CT Heart Group
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
08 / 23 / 2006

Transaction ID: SA11A1.6745

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 55
	<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. R. Brent New

Mailing Address 3250 Gordonville Road

City State Zip Code
Cape Girardeau MO 63703

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

Name of Employer Occupation
St. Francis Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2006

Transaction ID: SA11A1.6802

Amount of Each Receipt this Period
365.00

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

Mailing Address 2515 Yorktown Drive

City State Zip Code
Tuscaloosa AL 35406

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

Name of Employer Occupation
Thoracic & CV Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
09 / 06 / 2006

Transaction ID: SA11A1.6880

Amount of Each Receipt this Period
500.00

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

Mailing Address 2515 Yorktown Drive

City State Zip Code
Tuscaloosa AL 35406

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

Name of Employer Occupation
Thoracic & CV Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: SA11A1.6931

Amount of Each Receipt this Period
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 55
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ron D. Nutting		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 324 Greenbriar Road		Transaction ID: SA11A1.6839	
City Wyomissing	State PA	Zip Code 19610	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Reading Professional Services	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. James P. O'Rourke		Date of Receipt M M / D D / Y Y Y Y 07 / 11 / 2006	
Mailing Address 8 Highlands Drive		Transaction ID: SA11A1.6719	
City Paducah	State KY	Zip Code 42001	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
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		

Full Name (Last, First, Middle Initial) C. Dr. John Oswalt		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 1010 West 40th Street		Transaction ID: SA11A1.6803	
City Austin	State TX	Zip Code 78756	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiothoracic and Vascular	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Ralph E. Otto		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 430 Sheridan Road		Transaction ID: SA11A1.6933	
City State Zip Code Wilmette IL 60091	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiac Surgery Associates	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Clarence H. Owen		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006	
Mailing Address 207 Parkmont Drive		Transaction ID: SA11A1.6914	
City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Mehmet C. Oz		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 14 Edgewater Road		Transaction ID: SA11A1.6854	
City State Zip Code Cliffside Park NJ 07010-2805	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia-Presbyterian Hos- pital	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) ▶	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: (check only one)	PAGE 31 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. John Pigott		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 1430 Tulane Avenue		Transaction ID: SA11A1.6763	
City State Zip Code New Orleans LA 70112	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tulane University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Edward W. Pottmeyer		Date of Receipt M M / D D / Y Y Y Y 08 / 23 / 2006	
Mailing Address 5211 Morning Dew Way		Transaction ID: SA11A1.6747	
City State Zip Code Redding CA 96001	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Redding Cardiac and Vascular	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr. Richard L. Prager		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006	
Mailing Address 3301 Timberwood Lane		Transaction ID: SA11A1.6840	
City State Zip Code Ann Arbor MI 48103-1769	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Michigan	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) ▶	1865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 55
	<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 H. Reed		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 11950 Glodia Drive		Transaction ID: SA11A1.6882	
City State Zip Code Flagstaff AZ 86004		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Pacific Coast Cardiac and Vasc 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. John M. Robertson		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006	
Mailing Address 725 24th Street		Transaction ID: SA11A1.6884	
City State Zip Code Santa Monica CA 90402		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Saint John's Health Center 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. Robert Sade		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2006	
Mailing Address 96 Jonathan Lucas Street		Transaction ID: SA11A1.6921	
City State Zip Code Charleston SC 29425		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Medical Univ of South Carolina 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) ▶	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: (check only one)	PAGE 33 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Steven S. Scott		Date of Receipt M M / D D / Y Y Y Y Y 09 / 05 / 2006
Mailing Address 103 Thornhill Circle		Transaction ID: SA11A1.6868
City Athens State GA Zip Code 30607	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Athens Cardiovascular Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Paul E. Seifert		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006
Mailing Address 2160 Serene Circle		Transaction ID: SA11A1.6934
City Brookfield State WI Zip Code 53045	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer West Suburban Cardiothoracic Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Hezekiah G.P. Shani		Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2006
Mailing Address 3120 Burnet Avenue		Transaction ID: SA11A1.6888
City Cincinnati State OH Zip Code 45229	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 55
	<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. J. Marvin Smith

Mailing Address 204 Zambrano

City State Zip Code
San Antonio TX 78209

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

Name of Employer: Cardiothoracic Surgical Assoc
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
09 / 26 / 2006

Transaction ID: SA11A1.6935

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Ernesto R. Soltero

Mailing Address P.O. Box 800104

City State Zip Code
Coto Laurel PR 00780

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 ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2006

Transaction ID: SA11A1.6793

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. David F. Torchiana

Mailing Address 32 Maolis Road

City State Zip Code
Nahant MA 01908

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
09 / 21 / 2006

Transaction ID: SA11A1.6916

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 55
	<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

Full Name (Last, First, Middle Initial) A. Dr. Robert F. Tranbaugh		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6
Mailing Address 1105 Park Avenue		Transaction ID: SA11A1.6805
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Beth Israel Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Timothy V. Votapka		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 20665 West High Ridge Drive		Transaction ID: SA11A1.6748
City State Zip Code Kildeer IL 60047	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiothoracic and Vascular	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Thomas H. Wareing		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 3013 North 50th Street		Transaction ID: SA11A1.6718
City State Zip Code Phoenix AZ 85018	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 55
	<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. Bruce C. Washington

Mailing Address 18181 Oakwood Boulevard

City Dearborn State MI Zip Code 48124

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

Name of Employer Greater Michigan CV Surgeons
 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
 09 / 12 / 2006

Transaction ID: SA11A1.6841

Amount of Each Receipt this Period
 500.00

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

Mailing Address 9550 North River Bend Court

City River Hills State WI Zip Code 53217-1023

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

Name of Employer Cardiovascular Surgery Assoc.
 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
 08 / 29 / 2006

Transaction ID: SA11A1.6795

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Phillip N. West

Mailing Address 2400 Bath Street

City Santa Barbara State CA Zip Code 93105

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
 09 / 12 / 2006

Transaction ID: SA11A1.6855

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 37 / 55	
	(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"/> 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 W. Yarbrough

Mailing Address 1480 Greenhill Road

City	State	Zip Code
Columbia	SC	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

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	6	/	2	0	0	6

Transaction ID: SA11A1.6936

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	52195.00

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 38 / 55

<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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.6808	
Mailing Address P.O. Box 53852		Date of Disbursement 08 / 23 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 36.88
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.6810	
Mailing Address P.O. Box 53852		Date of Disbursement 08 / 28 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 80.54
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.6819	
Mailing Address P.O. Box 53852		Date of Disbursement 09 / 05 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 32.45
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	149.87
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 39 / 55

<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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.6820	
Mailing Address P.O. Box 53852		Date of Disbursement 09 / 12 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 62.39
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.6955	
Mailing Address P.O. Box 53852		Date of Disbursement 09 / 21 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 14.75
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.6956	
Mailing Address P.O. Box 53852		Date of Disbursement 09 / 26 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 53.99
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	131.13
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 40 / 55

<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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.6979																					
Mailing Address P.O. Box 53852		Date of Disbursement																					
City Phoenix State AZ Zip Code 85072		<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>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	8		2	0	0	6														
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">4.50</td> </tr> </table>		4.50																			
4.50																							
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) ▼																					

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: SB21B.6730																					
Mailing Address 7300 Chapman Highway		Date of Disbursement																					
City Knoxville State TN Zip Code 37920		<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>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		0	5		2	0	0	6														
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">32.57</td> </tr> </table>		32.57																			
32.57																							
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) ▼																					

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: SB21B.6736																					
Mailing Address 7300 Chapman Highway		Date of Disbursement																					
City Knoxville State TN Zip Code 37920		<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>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	6														
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">22.81</td> </tr> </table>		22.81																			
22.81																							
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) ▼																					

SUBTOTAL of Disbursements This Page (optional)	59.88
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 41 / 55

<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

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6821

Date of Disbursement

/ /

Amount of Each Disbursement this Period

121.77

SUBTOTAL of Disbursements This Page (optional)

121.77

TOTAL This Period (last page this line number only)

462.65

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. 21ST CENTURY MAJORITY FUND		Transaction ID: SB23.6816 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 6065 ROSWELL ROAD		Amount of Each Disbursement this Period 1000.00
City ATLANTA State GA Zip Code 30328	Purpose of Disbursement CONTRIBUTION 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) ▼	

Full Name (Last, First, Middle Initial) B. BASS VICTORY COMMITTEE		Transaction ID: SB23.6959 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 3451		Amount of Each Disbursement this Period 1000.00
City CONCORD State NH Zip Code 03302	Purpose of Disbursement CONTRIBUTION Candidate Name CHARLES F. BASS Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. BEN CARDIN FOR SENATE		Transaction ID: SB23.6765 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address P.O. BOX 21093		Amount of Each Disbursement this Period 3000.00
City CATONSVILLE State MD Zip Code 21228	Purpose of Disbursement CONTRIBUTION Candidate Name BENJAMIN L. CARDIN Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2006 <input checked="" 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 55

<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

Full Name (Last, First, Middle Initial) A. CHAFEE FOR SENATE		Transaction ID: SB23.6766 Date of Disbursement
Mailing Address P.O. BOX 7329		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City WARWICK	State RI	Zip Code 02887
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name LINCOLN CHAFEE	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: RI District: 00	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: SB23.6723 Date of Disbursement
Mailing Address P.O. BOX 2008		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City MURFREESBORO	State TN	Zip Code 37133
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name BARTON GORDON	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 06	Amount of Each Disbursement this Period <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. CROWLEY FOR CONGRESS		Transaction ID: SB23.6767 Date of Disbursement
Mailing Address 84-56 GRAND AVENUE		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City ELMHURST	State NY	Zip Code 11373
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name JOSEPH CROWLEY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 07	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>	

SUBTOTAL of Disbursements This Page (optional)

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 44 / 55

<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

Full Name (Last, First, Middle Initial) A. DIANA DEGETTE FOR CONGRESS		Transaction ID: SB23.6812	
Mailing Address P.O. BOX 61337		Date of Disbursement 09 / 05 / 2006	
City DENVER	State CO	Zip Code 80206	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name DIANA DEGETTE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO	District: 01		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.6715	
Mailing Address 25 EAST MAIN STREET		Date of Disbursement 07 / 12 / 2006	
City RICHMOND	State VA	Zip Code 23219	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

Full Name (Last, First, Middle Initial) C. FITZPATRICK FOR CONGRESS		Transaction ID: SB23.6942	
Mailing Address 115 NORTH BROAD STREET		Date of Disbursement 09 / 27 / 2006	
City DOYLESTOWN	State PA	Zip Code 18901	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name MICHAEL G. FITZPATRICK			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA	District: 08		

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF CLAY SHAW		Transaction ID: SB23.6970 Date of Disbursement
Mailing Address P.O. BOX 2188		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City FORT LAUDERDALE	State FL	Zip Code 33303
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name E. CLAY SHAW, JR.	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 22		
		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE PITTS		Transaction ID: SB23.6974 Date of Disbursement
Mailing Address P.O. BOX 775		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City UNIONVILLE	State PA	Zip Code 19375
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name JOSEPH R. PITTS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 16		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN TANNER		Transaction ID: SB23.6726 Date of Disbursement
Mailing Address P.O. BOX 1994		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City UNION CITY	State TN	Zip Code 38281
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name JOHN S. TANNER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 08		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF MARK FOLEY		Transaction ID: SB23.6961 Date of Disbursement																					
Mailing Address 1316 LAKE VICTORIA DRIVE		<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>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	1		2	0	0	6														
City LAKE WORTH	State FL	Zip Code 33461	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="4000.00"/>																				
Candidate Name MARK FOLEY		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL District: 16																							

Full Name (Last, First, Middle Initial) B. FRIENDS OF ROY BLUNT		Transaction ID: SB23.6938 Date of Disbursement																					
Mailing Address P.O. BOX 50100		<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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	6														
City SPRINGFIELD	State MO	Zip Code 65805	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1500.00"/>																				
Candidate Name ROY BLUNT		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MO District: 07																							

Full Name (Last, First, Middle Initial) C. GEOFF DAVIS FOR CONGRESS		Transaction ID: SB23.6939 Date of Disbursement																					
Mailing Address 3161 DIXIE HIGHWAY		<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>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	7		2	0	0	6														
City ERLANGER	State KY	Zip Code 41018	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name GEOFFREY C. DAVIS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: KY District: 04																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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

Full Name (Last, First, Middle Initial) A. HASTERT FOR CONGRESS COMMITTEE		Transaction ID: SB23.6776 Date of Disbursement
Mailing Address P.O. BOX 625		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City BATAVIA	State IL	Zip Code 60510
Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>	
Candidate Name DENNIS J. HASTERT	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 14	

Full Name (Last, First, Middle Initial) B. JERRY WELLER FOR CONGRESS INC.		Transaction ID: SB23.6729 Date of Disbursement
Mailing Address P.O. BOX 2368		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City JOLIET	State IL	Zip Code 60434
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name GERALD C. 'JERRY' WELLER	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 11	

Full Name (Last, First, Middle Initial) C. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.6770 Date of Disbursement
Mailing Address 607 14TH STREET, NORTHWEST		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20005
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name JOHN DINGELL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 15	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. JOHNSON FOR CONGRESS COMMITTEE		Transaction ID: SB23.6777 Date of Disbursement
Mailing Address P.O. BOX 1986		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City NEW BRITAIN	State CT	Zip Code 06050
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="4000.00"/>
Candidate Name NANCY JOHNSON		Category/ Type <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

Full Name (Last, First, Middle Initial) B. JOHN SULLIVAN FOR CONGRESS		Transaction ID: SB23.6713 Date of Disbursement
Mailing Address P.O. BOX 470840		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City TULSA	State OK	Zip Code 74147
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="3000.00"/>
Candidate Name JOHN SULLIVAN		Category/ Type <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK	District: 01	

Full Name (Last, First, Middle Initial) C. KELLER FOR CONGRESS		Transaction ID: SB23.6962 Date of Disbursement
Mailing Address P.O. BOX 1453		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City ORLANDO	State FL	Zip Code 32802
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name RICHARD ANTHONY KELLER		Category/ Type <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 08	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
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. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 2334

Transaction ID: SB23.6811

Date of Disbursement
09 / 05 / 2006

City DENTON State TX Zip Code 76202

Amount of Each Disbursement this Period
2500.00

Purpose of Disbursement CONTRIBUTION
Candidate Name MICHAEL BURGESS
Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: TX District: 26

B. MIKE PENCE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 408

Transaction ID: SB23.6966

Date of Disbursement
09 / 21 / 2006

City ANDERSON State IN Zip Code 46015

Amount of Each Disbursement this Period
500.00

Purpose of Disbursement CONTRIBUTION
Candidate Name MICHAEL R. PENCE
Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: IN District: 06

C. MIKE THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 5429 MADISON AVENUE

Transaction ID: SB23.6714

Date of Disbursement
07 / 12 / 2006

City SACRAMENTO State CA Zip Code 95841

Amount of Each Disbursement this Period
2500.00

Purpose of Disbursement CONTRIBUTION
Candidate Name MIKE THOMPSON
Category/Type

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: CA District: 01

SUBTOTAL of Disbursements This Page (optional)

5500.00

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

Full Name (Last, First, Middle Initial) A. MIKE THOMPSON FOR CONGRESS		Transaction ID: SB23.6950 Date of Disbursement
Mailing Address 5429 MADISON AVENUE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City SACRAMENTO	State CA	Zip Code 95841
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name MIKE THOMPSON		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: CA	District: 01	

Full Name (Last, First, Middle Initial) B. PEOPLE FOR ENGLISH		Transaction ID: SB23.6773 Date of Disbursement
Mailing Address P.O. BOX 1940		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City ERIE	State PA	Zip Code 16507
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name PHILIP S ENGLISH		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: PA	District: 03	

Full Name (Last, First, Middle Initial) C. PERLMUTTER FOR CONGRESS		Transaction ID: SB23.6946 Date of Disbursement
Mailing Address 3440 YOUNGFIELD STREET		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City WHEAT RIDGE	State CO	Zip Code 80033
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name EDWIN PERLMUTTER		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: CO	District: 07	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
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

Full Name (Last, First, Middle Initial) A. PETE SESSIONS FOR CONGRESS 2006		Transaction ID: SB23.6813 Date of Disbursement
Mailing Address P.O. BOX 38585		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City DALLAS	State TX	Zip Code 75238
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name PETE SESSIONS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: TX	District: 32	

Full Name (Last, First, Middle Initial) B. PRYCE FOR CONGRESS		Transaction ID: SB23.6968 Date of Disbursement
Mailing Address 145 EAST RICH STREET		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2006"/>
City COLUMBUS	State OH	Zip Code 43215
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name DEBORAH PRYCE		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: OH	District: 15	

Full Name (Last, First, Middle Initial) C. RED ROOSTER LEADERSHIP PAC		Transaction ID: SB23.6951 Date of Disbursement
Mailing Address 228 SOUTH WASHINGTON STREET		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
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

Full Name (Last, First, Middle Initial) A. ROGERS FOR CONGRESS		Transaction ID: SB23.6814 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. BOX 581		Amount of Each Disbursement this Period 2000.00
City BRIGHTON	State MI	
Zip Code 48116		
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL J. ROGERS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 08		

Full Name (Last, First, Middle Initial) B. RON LEWIS FOR CONGRESS		Transaction ID: SB23.6945 Date of Disbursement 09 / 27 / 2006
Mailing Address P.O. BOX 307		Amount of Each Disbursement this Period 1500.00
City ELIZABETHTOWN	State KY	
Zip Code 42702		
Purpose of Disbursement CONTRIBUTION		
Candidate Name RON LEWIS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 02		

Full Name (Last, First, Middle Initial) C. SIMMONS FOR CONGRESS		Transaction ID: SB23.6973 Date of Disbursement 09 / 21 / 2006
Mailing Address P.O. BOX 268		Amount of Each Disbursement this Period 1000.00
City STONINGTON	State CT	
Zip Code 06378		
Purpose of Disbursement CONTRIBUTION		
Candidate Name ROB SIMMONS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District: 2		

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. SMILE PAC		Transaction ID: SB23.6953 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address P.O. BOX 2178		Amount of Each Disbursement this Period 2500.00
City EVANS State GA Zip Code 30809	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
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) ▼	

Full Name (Last, First, Middle Initial) B. SUE KELLY FOR CONGRESS		Transaction ID: SB23.6963 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 6
Mailing Address P.O. BOX 599		Amount of Each Disbursement this Period 1000.00
City KATONAH State NY Zip Code 10536	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name SUE W. KELLY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TALENT FOR SENATE COMMITTEE		Transaction ID: SB23.6724 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 6
Mailing Address 147 NORTH MERAMEC		Amount of Each Disbursement this Period 3000.00
City ST. LOUIS State MO Zip Code 63105	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name JAMES MATTHES TALENT		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2006 <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

Full Name (Last, First, Middle Initial) A. TALENT FOR SENATE COMMITTEE		Transaction ID: SB23.6725 Date of Disbursement
Mailing Address 147 NORTH MERAMEC		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City ST. LOUIS	State MO	Zip Code 63105
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name JAMES MATTHES TALENT		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: MO	District: 00	

Full Name (Last, First, Middle Initial) B. TALENT FOR SENATE COMMITTEE		Transaction ID: SB23.6949 Date of Disbursement
Mailing Address 147 NORTH MERAMEC		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City ST. LOUIS	State MO	Zip Code 63105
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name JAMES MATTHES TALENT		<input type="text" value="3000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: MO	District: 00	

Full Name (Last, First, Middle Initial) C. TIM MURPHY FOR CONGRESS		Transaction ID: SB23.6778 Date of Disbursement
Mailing Address P.O. BOX 24551		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>
City PITTSBURGH	State PA	Zip Code 15234
Purpose of Disbursement CONTRIBUTION		Amount of Each Disbursement this Period
Candidate Name TIM MURPHY		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: PA	District: 18	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)
A. VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 5458

City State Zip Code
SPRINGFIELD IL 62705

Purpose of Disbursement
CONTRIBUTION

Candidate Name
JOHN M. SHIMKUS

Office Sought: House
 Senate
 President
State: IL District: 19

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.6815

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)