22037852077

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL OPERATIONS CENTER 2002 NOV 26 A 10 05

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FBAM5

SOCIETY OF INTERVENTIONAL SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 2025 M STREET NW

✓ (Check if address is changed) SUITE 300

WASHINGTON DC 20036-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

DAVID@GOVERCSA.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE 11 20 2002

3. **FEC IDENTIFICATION NUMBER ▶** C00325936

4. IS THIS STATEMENT NEW (N) **OR** ✓ AMENDED (A)

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

Type or Print Name of Treasurer ROBERT WEBER

Signature of Treasurer [signature] Date 11 20 2002

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

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

FEC FORM 1
(Revised 1/01)

FE1AN01.PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

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

Name of Candidate

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

(e) ✓ This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

SOCIETY OF THORACIC SURGEONS

Mailing Address 2025 M STREET NW
SUITE 500
WASHINGTON DC 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

✓ Corporation — Corporation w/o Capital Stock — Labor Organization

Membership Organization — Trade Association — Cooperative

Write or Type Committee Name

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

Full Name: DAVID BOYD

Mailing Address: 2025 M STREET NW
SUITE 800

Title or Position ▼: ADMINISTRATIVE ASST.

CITY ▲: WASHINGTON

STATE ▲: DC

ZIP CODE ▲: 20036

Telephone number: 202 367 2330

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

Full Name of Treasurer: ROBERT WEBER

Mailing Address: 2025 M STREET NW
SUITE 800

Title or Position ▼: TREASURER

CITY ▲: WASHINGTON

STATE ▲: DC

ZIP CODE ▲: 20036

Telephone number: 202 367 1224

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼:

CITY ▲:

STATE ▲:

ZIP CODE ▲:

Telephone number:

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

Name of Bank, Depository, etc.

SUNTRUST

Mailing Address PO BOX 85024

RICHMOND VA 23285 5024

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

22037852081

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 11-21-02
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[illegible]	11-26-02
PREPARER	DATE PREPARED

(6/2000)