



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		103352.22
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	98896.84									
(c) Total Receipts (from Line 19) .....	1720.00	64745.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	100616.84	168097.22								
7. Total Disbursements (from Line 31) .....	27208.90	94689.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73407.94	73407.94								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1700.00	62230.00
(ii) Unitemized .....	20.00	2515.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1720.00	64745.00
(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) .....	1720.00	64745.00
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)) .....	1720.00	64745.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1720.00	64745.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	208.90	3189.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	208.90	3189.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	91500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27208.90	94689.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27208.90	94689.28

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1720.00	64745.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1720.00	64745.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	208.90	3189.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	208.90	3189.28

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Larry J. Cardoza

Mailing Address 5 Medical Plaza

City State Zip Code  
Roseville CA 95661

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

Name of Employer Radiological Associates  
Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.9814

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Hakob G. Davtyan

Mailing Address 651 Fairway Drive

City State Zip Code  
Redlands CA 92373

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

Name of Employer Inland CT Surgical Associates  
Occupation Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.9821

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John C. Myers

Mailing Address 8526 Spring Brook Road

City State Zip Code  
Rockford IL 61114

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

Name of Employer Swedish American Hospital  
Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.9817

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 14</span>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. John R. Roberts		Date of Receipt	
	Mailing Address 5181 Remington Drive		M M / D D / Y Y Y Y 05 / 17 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.9818
	Brentwood	TN	37027	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer The Surgical Clinic		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	1700.00

**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)

<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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9819 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 16.25
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9834 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 4.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address 7300 Chapman Highway <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9820 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 55.01
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

76.21

**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 9 / 14

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

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

A.

Full Name (Last, First, Middle Initial)  
SunTrust

Transaction ID: SB21B.9830  
Date of Disbursement

Mailing Address 3440 Wisconsin Avenue, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	1	0

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

132.69
--------

Purpose of Disbursement  
Bank Charges  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

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

132.69
--------

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

208.90
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
CHARLES BOUSTANY JR., MD FOR CONGRESS

Mailing Address P.O. BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CHARLES BOUSTANY, JR., MD

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9831  
Date of Disbursement

/

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
COBURN FOR SENATE 2010

Mailing Address P.O. BOX 977

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THOMAS COBURN

Office Sought:  House  
 Senate  
 President  
State: OK District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9832  
Date of Disbursement

/

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.9813  
Date of Disbursement

/

Amount of Each Disbursement this Period

**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 12 / 14

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.9810 Date of Disbursement 05 / 17 / 2010
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 2500.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name HARRY REID	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.9835 Date of Disbursement 05 / 28 / 2010
	Mailing Address P.O. BOX 3197	Amount of Each Disbursement this Period 1000.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name BLANCHE L. LINCOLN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

C.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: SB23.9826 Date of Disbursement 05 / 20 / 2010
	Mailing Address PO. BOX 37	Amount of Each Disbursement this Period 2500.00
	City ROSEVILLE State MI Zip Code 48066	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name SANDER M. LEVIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS	Transaction ID: SB23.9833 Date of Disbursement 05 / 26 / 2010
	Mailing Address P.O. BOX 288	Amount of Each Disbursement this Period 1000.00
	City MERIDIAN State ID Zip Code 83642	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name WALTER C. MINNICK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: ID District: 01	

B.	Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	Transaction ID: SB23.9809 Date of Disbursement 05 / 17 / 2010
	Mailing Address 607 14TH STREET, NW	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20005	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name NANCY PELOSI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 08	

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH	Transaction ID: SB23.9829 Date of Disbursement 05 / 20 / 2010
	Mailing Address 7804 EVENING LANE	Amount of Each Disbursement this Period 2500.00
	City ALEXANDRIA State VA Zip Code 22306	
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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 14 / 14

<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

<b>A.</b> Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P.O. BOX 1919 City JANESVILLE State WI Zip Code 53547 Purpose of Disbursement CONTRIBUTION Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9811 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
<b>B.</b> Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address P.O. BOX 661 City COLLINSVILLE State IL Zip Code 62234 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN M. SHIMKUS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9812 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3500.00

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

27000.00