

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 09 01 2009 through 09 30 2009

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. John E. Mayer, Jr.

Signature of Treasurer Electronically Filed by Dr. John E. Mayer, Jr. Date 10 08 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80881.38
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	103917.33									
(c) Total Receipts (from Line 19)	17530.00	137045.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121447.33	217926.38								
7. Total Disbursements (from Line 31)	17605.49	114084.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103841.84	103841.84								
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

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	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	15330.00	128980.00
(ii) Unitemized	2200.00	8065.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17530.00	137045.00
(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)	17530.00	137045.00
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))	17530.00	137045.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17530.00	137045.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	605.49	4584.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	605.49	4584.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17000.00	109500.00
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))..	17605.49	114084.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17605.49	114084.54

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)	17530.00	137045.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17530.00	137045.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	605.49	4584.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	605.49	4584.54

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21
(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

A.

Full Name (Last, First, Middle Initial)
Dr. James W. Asaph

Mailing Address 4401 Southwest Westdale Drive

City State Zip Code
Portland OR 97221

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

Name of Employer Retired Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2009

Transaction ID: SA11AI.9294

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Shanda H. Blackmon

Mailing Address 3741 Robinhood Street

City State Zip Code
Houston TX 77005

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

Name of Employer The Methodist Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.9340

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. William S. Coleman

Mailing Address 4519 South Perry

City State Zip Code
Spokane WA 99223

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

Name of Employer Sacred Heart Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2009

Transaction ID: SA11AI.9300

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 21
(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

A. Full Name (Last, First, Middle Initial)
Dr. Frank Detterbeck

Mailing Address 78 Country Lane

City State Zip Code
Bethany CT 06524

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

Name of Employer Occupation
Yale University Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 23 / 2009

Transaction ID: SA11AI.9324

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. David A. Fullerton

Mailing Address 375 Lafayette Street

City State Zip Code
Denver CO 80218

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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2009

Transaction ID: SA11AI.9344

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. James C. Gilmore

Mailing Address 611 Alcorn Drive

City State Zip Code
Corinth MS 38834

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

Name of Employer Occupation
Magnolia Regional Health Care Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2009

Transaction ID: SA11AI.9310

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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: PAGE 8 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. W. Robin Howe

Mailing Address P.O. Box 7908

City Paducah State KY Zip Code 42001

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

Name of Employer West Kentucky Heart & Chest
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	5	/	2	0	0	9

Transaction ID: SA11AI.9346

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Charles B. Huddleston

Mailing Address 14 Kingsbury Place

City St. Louis State MO Zip Code 63112

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

Name of Employer St. Louis Children's 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	9	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.9367

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas K. Kalmbach

Mailing Address 2301 Manchester Drive

City Valparaiso State IN Zip Code 46385

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

Name of Employer Lake Porter Cardiovascular
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
0	9	/	2	3	/	2	0	0	9

Transaction ID: SA11AI.9325

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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: PAGE 9 / 21
(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

A. Full Name (Last, First, Middle Initial)
Dr. Rajeev Kathuria

Mailing Address 8402 East Shea Boulevard

City State Zip Code
Scottsdale AZ 85260

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2009

Transaction ID: SA11AI.9305

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas F. Kelly

Mailing Address 1880 Arlington Street

City State Zip Code
Sarasota FL 34239

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

Name of Employer Cardiovascular Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2009

Transaction ID: SA11AI.9301

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Alan P. Krypson

Mailing Address 1810 Bloomsbury Road

City State Zip Code
Greenville NC 27858

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

Name of Employer East Carolina University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2009

Transaction ID: SA11AI.9326

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 21

(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

A.

Full Name (Last, First, Middle Initial)

Dr. Scott A. LeMaire

Mailing Address One 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 ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.9357

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Alexander H. Moskovitz

Mailing Address 6597 Jeremie Drive

City State Zip Code
San Jose CA 95120

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

Name of Employer Occupation
Kaiser Santa Clara 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 9 / 2 0 0 9

Transaction ID: SA11AI.9369

Amount of Each Receipt this Period

200.00

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 Occupation
Swedish American Hospital 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 9 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.9348

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

800.00

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: PAGE 11 / 21

(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

A.

Full Name (Last, First, Middle Initial)
Dr. James E. O'Brien, Jr.

Mailing Address 11732 High Drive

City	State	Zip Code
Leawood	KS	66211

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

Name of Employer Children's Mercy Hospital	Occupation Physician
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2009

Transaction ID: SA11AI.9328

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 109 Driftwood Lane

City	State	Zip Code
Largo	FL	33770

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

Name of Employer Cardiac Surgical Associates	Occupation Physician
---	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2009

Transaction ID: SA11AI.9370

Amount of Each Receipt this Period
385.00

C.

Full Name (Last, First, Middle Initial)
Dr. Clarence H. Owen

Mailing Address 207 Parkmont Drive

City	State	Zip Code
Greensboro	NC	27408

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

Name of Employer Moses Cone Health System	Occupation Physician
--	-------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 23 / 2009

Transaction ID: SA11AI.9329

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1385.00

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: PAGE 12 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Anthony L. Picone
 Mailing Address 5000 Spaulding Drive
 City State Zip Code
 Clarence NY 14031
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 9
Transaction ID: SA11AI.9350
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Buffalo Cardiac Surgical Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

B. Full Name (Last, First, Middle Initial)
 Dr. Herbert Reich
 Mailing Address 213 Agostino Avenue
 City State Zip Code
 Niskayuna NY 12309
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.9330
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Albany Cardiothoracic Sur-geons Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

C. Full Name (Last, First, Middle Initial)
 Dr. Howard L. Shackelford, Jr.
 Mailing Address 109 Plaza West
 City State Zip Code
 St. Clairsville OH 43950
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 9
Transaction ID: SA11AI.9332
 Amount of Each Receipt this Period
 1500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ohio Valley Surgeons Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

SUBTOTAL of Receipts This Page (optional) ► **2115.00**
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: PAGE 13 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Esfandiar Shafii

Mailing Address 10318 Orange Grove Drive

City Tampa State FL Zip Code 33618

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 23 / 2009
Transaction ID: SA11AI.9334
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas G. Sharp

Mailing Address 7002 Normandy Way

City Indianapolis State IN Zip Code 46278

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

Name of Employer Indiana University Medical Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 29 / 2009
Transaction ID: SA11AI.9371
Amount of Each Receipt this Period 400.00

C. Full Name (Last, First, Middle Initial)
Dr. Dominic J. Tedesco

Mailing Address 145 North Brent Street

City Ventura State CA Zip Code 93003

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

Name of Employer California Cardiovascular Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 25 / 2009
Transaction ID: SA11AI.9358
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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: PAGE 14 / 21
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 A. Thomas, Jr.

Mailing Address 5127 Ellington Avenue

City State Zip Code
Western Springs IL 60558

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

Name of Employer Retired Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2009

Transaction ID: SA11AI.9303

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Dr. Timothy L. Van Natta

Mailing Address 2939 Carolwood Lane

City State Zip Code
Torrance CA 90505

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

Name of Employer UCLA Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2009

Transaction ID: SA11AI.9335

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas E. Williams

Mailing Address 2851 Exmoor Road

City State Zip Code
Columbus OH 43221

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

Name of Employer Ohio State University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2009

Transaction ID: SA11AI.9354

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1265.00**

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: PAGE 15 / 21
(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

A. Full Name (Last, First, Middle Initial)
Dr. William R. Wilson, Jr.

Mailing Address 17 Suzanne Drive

City Bedford State NH Zip Code 03110

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

Name of Employer Elliot General Surgical Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2009

Transaction ID: SA11AI.9337

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Roderick K. Yasuda

Mailing Address 18350 Roscoe Boulevard

City Northridge State CA Zip Code 91325

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 ▼ 750.00

Date of Receipt 09 / 25 / 2009

Transaction ID: SA11AI.9356

Amount of Each Receipt this Period 750.00

C. Full Name (Last, First, Middle Initial)
Dr. Stanley Ziomek

Mailing Address 2048 Tumble Weed Terrace

City Poplar Bluff State MO Zip Code 63901

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

Name of Employer CV Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2009

Transaction ID: SA11AI.9339

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ► 15330.00

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 16 / 21

<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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9312 Date of Disbursement 09 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 35.75</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9362 Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 42.25</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9372 Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p>

SUBTOTAL of Disbursements This Page (optional)	82.95
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 17 / 21

<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) Merchant Services Mailing Address 7300 Chapman Highway City Knoxville State TN Zip Code 37920 Purpose of Disbursement Credit Card Fees 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) ▼	Transaction ID: SB21B.9296 Date of Disbursement 09 / 02 / 2009
	Amount of Each Disbursement this Period 386.75
B. Full Name (Last, First, Middle Initial) SunTrust Mailing Address 3440 Wisconsin Avenue, NW City Washington State DC Zip Code 20016 Purpose of Disbursement Bank Charges 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) ▼	Transaction ID: SB21B.9313 Date of Disbursement 09 / 21 / 2009
	Amount of Each Disbursement this Period 135.79

SUBTOTAL of Disbursements This Page (optional) ▶

522.54

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

605.49

**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

<p>A. Full Name (Last, First, Middle Initial) CHARLES BOUSTANY JR., MD FOR CONGRESS</p> <p>Mailing Address P.O. BOX 80126</p> <p>City LAFAYETTE State LA Zip Code 70598</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name CHARLES BOUSTANY, JR., MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9297</p> <p>Date of Disbursement 09 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address P.O. BOX 1776</p> <p>City FREEDOM State PA Zip Code 15042</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JASON ALTMIRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9315</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 5915 EASTMAN AVENUE</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name DAVID LEE CAMP</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9316</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

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)

PAGE 19 / 21

<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: SB23.9292 Date of Disbursement
	Mailing Address P.O. BOX 19163	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name HARRY REID	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN	Transaction ID: SB23.9365 Date of Disbursement
	Mailing Address P.O. BOX 1949	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City SPRINGFIELD State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name RICHARD J. DURBIN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.9319 Date of Disbursement
	Mailing Address 509 MADISON AVENUE	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>
	Candidate Name CHARLES E. SCHUMER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

A.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: SB23.9318 Date of Disbursement 09 / 24 / 2009
	Mailing Address P.O. BOX U	Amount of Each Disbursement this Period 1000.00
	City MARIETTA State GA Zip Code 30060	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name J. PHILLIP GINGREY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN S FUND	Transaction ID: SB23.9293 Date of Disbursement 09 / 02 / 2009
	Mailing Address P.O. BOX 853	Amount of Each Disbursement this Period 1000.00
	City EDWARDSVILLE State IL Zip Code 62025	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: SB23.9323 Date of Disbursement 09 / 24 / 2009
	Mailing Address 7315 WISCONSIN AVENUE	Amount of Each Disbursement this Period 1000.00
	City BETHESDA State MD Zip Code 20814	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

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

A. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City State Zip Code
SACRAMENTO CA 95841

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MIKE THOMPSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.9322

Date of Disbursement

09 / 24 / 2009

Amount of Each Disbursement this Period

1500.00

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

Mailing Address P.O. BOX 3176

City State Zip Code
LONG BRANCH NJ 07740

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FRANK PALLONE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.9298

Date of Disbursement

09 / 09 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

17000.00