SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 6 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DOGGETT FOR U S CONGRESS COMMITTEE PO BOX 5943 AUSTIN TX 78763	(House - TX - 10) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/23/2000	500.00
LAZIO 2000 72 EAST MAIN ST SUITE 4 C/O PICCIRILLO & LAMONT LLP BABYLON NY 11702	(House - NY - 02) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	10/26/2000	3000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**3500.00**