

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 WASHINGTON DC 20036 Check if different than previously reported. (ACC)

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) (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 01 01 2006 through 03 31 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 04 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**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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 .....	116823.22									
(c) Total Receipts (from Line 19) .....	65925.00	65925.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	182748.22	182748.22								
7. Total Disbursements (from Line 31) .....	70953.95	70953.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	111794.27	111794.27								
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

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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	61615.00	61615.00
(i) Itemized (use Schedule A) .....	4310.00	4310.00
(ii) Unitemized .....	65925.00	65925.00
(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) .....	65925.00	65925.00
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)) .....	65925.00	65925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	65925.00	65925.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<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.....	1208.80	1208.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1208.80	1208.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69745.15	69745.15
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))..	70953.95	70953.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	70953.95	70953.95

**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) .....	65925.00	65925.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	65925.00	65925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1208.80	1208.80
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1208.80	1208.80

**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 / 58
	<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. Kevin D. Accola

Mailing Address 5101 Cranes Point Court

City State Zip Code  
Orlando FL 32839

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

Name of Employer Cardiovascular Surgeons Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6377

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard C. Anderson

Mailing Address 420 Northeast Glen Oak Avenue

City State Zip Code  
Peoria IL 61603

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

Name of Employer Peoria Surgical Group Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: SA11A1.6308

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rafael B. Arache

Mailing Address 68 Calle Santa Cruz

City State Zip Code  
Bayamon PR 00961

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  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: SA11A1.6313

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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 / 58
	<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. Thomas V. Bilfinger

Mailing Address 7 Daniel Way

City State Zip Code  
Setauket NY 11733

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

Name of Employer Occupation  
SUNY at Stony Brook Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6415

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark R. Bladergroen

Mailing Address 1497 Amber Lake Road

City State Zip Code  
Manakin-Sabot VA 23103

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2006

Transaction ID: SA11A1.6364

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Theodore J. Boeve

Mailing Address 1900 Wealthy Street

City State Zip Code  
Grand Rapids MI 49506

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

Name of Employer Occupation  
West Michigan CT Surgeons Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6417

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1050.00
<b>TOTAL</b> 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 / 58
	<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. Morton Bolman, III

Mailing Address 64 Beethoven Avenue

City State Zip Code  
Waban MA 02468

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

Name of Employer Occupation  
Brigham and Women's Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6378

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Luis M. Botero

Mailing Address 5406 Pali Way

City State Zip Code  
St. Pete Beach FL 33706

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

Name of Employer Occupation  
Cardiac Surgical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6395

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert H. Breyer

Mailing Address 2800 North Sheridan Road

City State Zip Code  
Chicago IL 60657

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

Name of Employer Occupation  
Lincoln Park Cardiovascular Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: SA11A1.6316

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. John W. Brown		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 545 Barnhill Drive		<b>Transaction ID:</b> SA11A1.6379
City Indianapolis	State IN	Zip Code 46202
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Indiana 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>B.</b> Dr. F. Curtis Bryan		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 933 Medical Circle		<b>Transaction ID:</b> SA11A1.6577
City Myrtle Beach	State SC	Zip Code 29572
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coastal Cardiovascular Surgery	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>C.</b> Dr. Michael P. Buchness		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 4404 Cooper Road		<b>Transaction ID:</b> SA11A1.6381
City Eden	State MD	Zip Code 21822
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CV Surgical Associates, P.A.	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) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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 / 58
	<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) <b>A.</b> Dr. Clay M. Burnett		Date of Receipt MM / DD / YYYY 02 / 07 / 2006
Mailing Address 56001 Pembroke Lane		<b>Transaction ID:</b> SA11A1.6419
City Mission Hills	State KS	Zip Code 66208
FEC ID number of contributing federal political committee.	C	
Name of Employer Olathe Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Sergio S. Caminha		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 3429 South Martin Court		<b>Transaction ID:</b> SA11A1.6329
City Visalia	State CA	Zip Code 93277
FEC ID number of contributing federal political committee.	C	
Name of Employer Starrwood Cardiac Group	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
		Amount of Each Receipt this Period 365.00

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Andrea J. Carpenter		Date of Receipt MM / DD / YYYY 02 / 07 / 2006
Mailing Address 7703 Floyd Curl Drive		<b>Transaction ID:</b> SA11A1.6423
City San Antonio	State TX	Zip Code 78229-3900
FEC ID number of contributing federal political committee.	C	
Name of Employer UT Health Science Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1865.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Paul J. Chai		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 11807 Marblehead Drive		Transaction ID: SA11A1.6397	
City Tampa	State FL	Zip Code 33626	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Liberato Chapa		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 2360 Haddon Hall Place		Transaction ID: SA11A1.6399	
City Clearwater	State FL	Zip Code 33764	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. L. Scott Cook		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 2314 County Road		Transaction ID: SA11A1.6275	
City Sidney	State IL	Zip Code 61877	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Carle 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) ..... ▶	1250.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Joseph S. Coselli		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 3942 Del Monte		Transaction ID: SA11A1.6422	
City State Zip Code Houston TX 77015	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Baylor College of Medicine	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>B.</b> Dr. Pedro J. del Nido		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 9 Heritage Drive		Transaction ID: SA11A1.6311	
City State Zip Code Lexington MA 02420	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dept of Cardiac Surgery Found.	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>C.</b> Dr. Ignacio G. Duarte		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 4523 Brookwood Drive		Transaction ID: SA11A1.6401	
City State Zip Code Tampa FL 33629	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1365.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Kim F. Duncan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 13517 Charles Circle		Transaction ID: SA11A1.6357
City Omaha	State NE	Zip Code 68154
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer University of Nebraska	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>B.</b> Dr. Gary H. Dworkin		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 415 Magnolia Drive		Transaction ID: SA11A1.6468
City Clearwater	State FL	Zip Code 33756
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cardiac Surgical Associat- es	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>C.</b> Dr. Robert W. Emery, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 6316 Weswood Court		Transaction ID: SA11A1.6584
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Cardiac Surgical Associat- es	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1625.00
<b>TOTAL</b> 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 / 58
	<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) <b>A. Dr. Rick A. Esposito</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>03 / 24 / 2006</b>
Mailing Address <b>4 Hamilton Road</b>		<b>Transaction ID: SA11A1.6578</b>
City <b>Harrison</b> State <b>NY</b> Zip Code <b>10528</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>North Shore University</b> Occupation <b>Physician</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Dr. Stephen M. Fall</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>01 / 06 / 2006</b>
Mailing Address <b>5 Rimby Way</b>		<b>Transaction ID: SA11A1.6309</b>
City <b>Reading</b> State <b>PA</b> Zip Code <b>19606</b>	Amount of Each Receipt this Period <b>365.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>RHA Cardiovascular</b> Occupation <b>Physician</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>365.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Dr. Joseph E. Flack</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>02 / 07 / 2006</b>
Mailing Address <b>759 Chesnut Street</b>		<b>Transaction ID: SA11A1.6424</b>
City <b>Springfield</b> State <b>MA</b> Zip Code <b>01107</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Cardiac Surgical Associates</b> Occupation <b>Physician</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2365.00</b>
<b>TOTAL</b> 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 / 58
	<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. Gregory P. Fontana

Mailing Address 2269 Worthing Lane

City State Zip Code  
**Los Angeles CA 90077**

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

Name of Employer Occupation  
Cedar-Sinai Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 26 / 2006**

**Transaction ID: SA11A1.6365**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
Dr. Warren E. Gall

Mailing Address 1350 Valentine Drive

City State Zip Code  
**Dubuque IA 52003**

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

Name of Employer Occupation  
Medical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**01 / 06 / 2006**

**Transaction ID: SA11A1.6273**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey E. George

Mailing Address 2900 First Avenue

City State Zip Code  
**Huntington WV 25702**

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

Name of Employer Occupation  
St. Mary's Professional Center Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 13 / 2006**

**Transaction ID: SA11A1.6462**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1250.00</b>
<b>TOTAL</b> 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 / 58
	<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. W. Peter Graper

Mailing Address 1569 Oak Way

City State Zip Code  
Sarasota FL 34232

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  
MM / DD / YYYY  
03 / 24 / 2006

Transaction ID: SA11A1.6582

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. L. Michael Graver

Mailing Address 123 Birch Lane

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Long Island Jewish Medical Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6421

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frederick L. Grover

Mailing Address 4200 East 9th Avenue

City State Zip Code  
Denver CO 80262-3706

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

Name of Employer University of Colorado Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6413

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> 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 / 58
	<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. Robert A. Guyton

Mailing Address 1088 Lallwater Road

City Atlanta State GA Zip Code 30307

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

Name of Employer The Emory Clinic 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 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6426

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven Guyton

Mailing Address The Highlands

City Shoreline State WA Zip Code 98177

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

Name of Employer Virginia Mason Clinic 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 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6427

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James D. Hall

Mailing Address 2108 Thorley Road

City Palos Verdes State CA Zip Code 90274

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

Name of Employer Cardiovascular 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  
0 1 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6355

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 / 58
	<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 W. Hammon

Mailing Address 1001 Dalton Road

City State Zip Code  
Lewisville NC 27023

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

Name of Employer Wake Forest University 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 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6411

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John L. Harlan

Mailing Address 2748 Abingdon Road

City State Zip Code  
Birmingham AL 35243

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  
0 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6429

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charles D. Harr

Mailing Address 3623 Deruyter Circle

City State Zip Code  
Charlotte NC 28269

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

Name of Employer Hawthorne Cardiovascular 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 1 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.6327

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 / 58
	<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. Blaine R. Heric

Mailing Address 313 Magnolia Drive

City State Zip Code  
 Clearwater FL 33756

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

Name of Employer Cardiac 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 Y  
 0 2 / 0 7 / 2 0 0 6

**Transaction ID:** SA11A1.6403

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. George L. Hicks

Mailing Address 601 Elmwood Avenue

City State Zip Code  
 Rochester NY 14642

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

Name of Employer University of Rochester  
 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 Y  
 0 2 / 0 7 / 2 0 0 6

**Transaction ID:** SA11A1.6430

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Jeffrey K. Hoffman

Mailing Address 1250 Ashburton

City State Zip Code  
 Centerville OH 45459

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

Name of Employer H. Zwart MD and 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 Y  
 0 1 / 0 6 / 2 0 0 6

**Transaction ID:** SA11A1.6269

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> 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 / 58
	<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)  
J. Michael Hogan

Mailing Address 4648 24th Street, North

City State Zip Code  
Arlington VA 22207

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

Name of Employer Society of Thoracic Surgeons  
Occupation Director of Government Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6431

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anthony A. Holden

Mailing Address 3560 Autumn Wood Lane

City State Zip Code  
Okemos MI 48864

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6432

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David A. Hormuth

Mailing Address 12155 Golden Bluff Court

City State Zip Code  
Indianapolis IN 46236

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

Name of Employer Corvasc  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: SA11A1.6283

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> 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 / 58
	<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. Jeffrey P. Jacobs

Mailing Address 2043 Montana Avenue, Northeast

City State Zip Code  
St. Petersburg FL 33703

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

Name of Employer Cardiac Surgical Associates  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: SA11A1.6477

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alan D. Johnston

Mailing Address 3027 South Osceola Avenue

City State Zip Code  
Orlando FL 32806

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

Name of Employer MD Anderson Orlando  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6434

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. David R. Jones

Mailing Address 3303 Rosewood Lane

City State Zip Code  
Charlottesville VA 22903

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

Name of Employer University of Virginia  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 13 / 2006

Transaction ID: SA11A1.6337

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. J. Steve Julian		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 5217 Silver Run Lane		Transaction ID: SA11A1.6479	
City State Zip Code Salisbury MD 21801	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CV Surgical Associates, P.A.	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>B.</b> Dr. Thomas Kalmbach		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 2000 Rossevelt Road		Transaction ID: SA11A1.6463	
City State Zip Code Valparaiso IN 46383	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lake Porter 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) <b>C.</b> Dr. Drew L. Kirshner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 3333 North Calvert Street		Transaction ID: SA11A1.6339	
City State Zip Code Baltimore MD 21218	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer MidAtlantic Cardiovascular	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) ..... ▶	1250.00
<b>TOTAL</b> 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 / 58
	<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. Edward H. Klopp

Mailing Address 201 Pine Bluff Road

City State Zip Code  
Salisbury MD 21801

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

Name of Employer CV Surgical Associates, P.A. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: SA11A1.6481

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen J. Lahey

Mailing Address 4802 10th Avenue

City State Zip Code  
Brooklyn NY 11219

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

Name of Employer Maimonides Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6436

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Raj B. Lal

Mailing Address 2809 Meyers Road

City State Zip Code  
Oakbrook IL 60523

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.6494

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Gerald M. Lawrie		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 3420 Piping Rock Lane		<b>Transaction ID:</b> SA11A1.6483	
City State Zip Code Houston TX 77027	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Robert R. Lazzara		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 2600 Dr. Martin Luther King Street		<b>Transaction ID:</b> SA11A1.6472	
City State Zip Code St. Petersburg FL 33704	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Raymond Lee		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 1820 Barrs Street		<b>Transaction ID:</b> SA11A1.6310	
City State Zip Code Jacksonville FL 32204	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> 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 / 58
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Steven R. Leonard		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 1935 Motor Street		<b>Transaction ID:</b> SA11A1.6320
City State Zip Code Dallas TX 75235	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Texas SW	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Sidney Levitsky		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 770 Boylston Street		<b>Transaction ID:</b> SA11A1.6438
City State Zip Code Boston MA 02199	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Harvard Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. A. Norman Lewin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6
Mailing Address 100 High Street		<b>Transaction ID:</b> SA11A1.6484
City State Zip Code Buffalo NY 14203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Buffalo Cardiac Surgical	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 / 58
	<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) <b>A. Dr. James J. Livesay</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 3670 Inwood Drive		<b>Transaction ID: SA11A1.6261</b>	
City State Zip Code Houston TX 77019	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Surgical Associates of Texas	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>B. Dr. James L. Lonquist</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 1146 Ellison Drive		<b>Transaction ID: SA11A1.6300</b>	
City State Zip Code Pensacola FL 32503	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiothoracic Surgical	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>C. Dr. Douglas J. Mathisen</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 32 Fruit Street		<b>Transaction ID: SA11A1.6441</b>	
City State Zip Code Boston MA 02114	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Surgical Associates- MGH	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> 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 / 58
	<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. Thomas L. Matthew

Mailing Address 7105 Quiet Retreat Court

City Niwot State CO Zip Code 80503

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
0	1	/	1	3	/	2	0	0	6

Transaction ID: SA11A1.6333

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael C. Mauney

Mailing Address 3 Daniel Road

City Saint Louis State MO Zip Code 63124

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

Name of Employer CT and Vascular Surgery, Inc. 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	1	/	0	6	/	2	0	0	6

Transaction ID: SA11A1.6287

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John E. Mayer

Mailing Address 300 Longwood Avenue

City Boston State MA Zip Code 02115

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

Name of Employer Children's Hospital 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
0	2	/	0	7	/	2	0	0	6

Transaction ID: SA11A1.6412

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Frederick A. Meadors		Date of Receipt MM / DD / YYYY 02 / 17 / 2006
Mailing Address 2 Shackleford West Boulevard		<b>Transaction ID:</b> SA11A1.6496
City Little Rock	State AR	Zip Code 72207
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer CV Surgeons, P.A.	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>B.</b> Dr. Richard J. Mellitt		Date of Receipt MM / DD / YYYY 01 / 13 / 2006
Mailing Address 1715 Keegan Court		<b>Transaction ID:</b> SA11A1.6331
City Columbia	State MO	Zip Code 65203
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
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) <b>C.</b> Dr. Walter H. Merrill		Date of Receipt MM / DD / YYYY 01 / 06 / 2006
Mailing Address 231 Albert B. Sabin Way		<b>Transaction ID:</b> SA11A1.6301
City Cincinnati	State OH	Zip Code 45267
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00	
Name of Employer University of Cincinnati	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) .....	▶	2000.00
<b>TOTAL</b> 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 / 58
	<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. R. Scott Mitchell		Date of Receipt MM / DD / YYYY 01 / 06 / 2006
Mailing Address 223 Greer Road		Transaction ID: SA11A1.6265
City Woodside	State CA	Zip Code 94062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Stanford 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. Richard A. Murbach		Date of Receipt MM / DD / YYYY 02 / 07 / 2006
Mailing Address 314 Harbor View Lane		Transaction ID: SA11A1.6405
City Largo	State FL	Zip Code 33770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Michael C. Murphy		Date of Receipt MM / DD / YYYY 01 / 06 / 2006
Mailing Address 3009 North Ballas Road		Transaction ID: SA11A1.6319
City Saint Louis	State MO	Zip Code 63131
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CTV Surgery	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) .....	▶	1500.00
<b>TOTAL</b> 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 / 58
	<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. Keith S. Naunheim

Mailing Address 52 Middlesex Drive

City State Zip Code  
St. Louis MO 63144

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

Name of Employer Occupation  
St. Louis University Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6383

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Roberto Novoa

Mailing Address 2600 65th Street

City State Zip Code  
Canton OH 44710

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

Name of Employer Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6442

Amount of Each Receipt this Period  
250.00

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

Mailing Address 709 Ponce De Leon Boulevard

City State Zip Code  
Clearwater FL 33756

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

Name of Employer Occupation  
Cardiac Surgical Associates Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6407

Amount of Each Receipt this Period  
500.00

**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 31 / 58
	<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) <b>A.</b> Dr. Nicholas L. Ogburn		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 14015 Cooley Road		Transaction ID: SA11A1.6384	
City State Zip Code Princess Anne MD 21853	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CV Surgical	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>B.</b> Dr. Eric J. Okum		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 1510 Brandon Road		Transaction ID: SA11A1.6348	
City State Zip Code Glenview IL 60025	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Illinois	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>C.</b> Dr. Mark B. Orringer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 1389 Towsley Lane		Transaction ID: SA11A1.6262	
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	865.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Thomas A. Orszulak		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address 200 First Street, Southwest		Transaction ID: SA11A1.6375
City Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Mayo Clinic	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>B.</b> Dr. Richard K. Parker		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6
Mailing Address 68 South Garfield		Transaction ID: SA11A1.6344
City Denver	State CO	Zip Code 80209
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Marvin D. Peyton		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address P.O. Box 26901		Transaction ID: SA11A1.6465
City Oklahoma City	State OK	Zip Code 73190
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer University of Oklahoma	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> 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 / 58
	<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 Pizarro

Mailing Address 1600 Rockland Road

City State Zip Code  
Wilmington DE 19803

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

Name of Employer Alfred I. duPont Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: SA11A1.6568

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Louis G. Prevosti

Mailing Address 720 Brookwood Trace

City State Zip Code  
Atlanta GA 30342

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: SA11A1.6267

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. J. Crayton Pruitt, Jr.

Mailing Address 300 Buttonwood 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: SA11A1.6487

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 58
	<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 A. Quintessenza

Mailing Address 6101 54th Street South

City State Zip Code  
St. Petersburg FL 33715

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

Name of Employer Cardiac Surgical Associates  
Occupation Physicians

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6409

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John E. Rea, III

Mailing Address 833 Heathcliff Court

City State Zip Code  
Houston TX 77024

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

Name of Employer Texas Surgical Associates  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2006

Transaction ID: SA11A1.6263

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey B. Rich

Mailing Address 1325 North Bay Shore Drive

City State Zip Code  
Norfolk VA 23451

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

Name of Employer Mid-Atlantic Cardiac Surgeons  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6446

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Christopher J. Riordan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 543 Forest Lake Drive		Transaction ID: SA11A1.6386
City State Zip Code Holland OH 43528	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Surgicor, Inc.	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>B.</b> Dr. John R. Roberts		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 2400 Patterson Drive		Transaction ID: SA11A1.6447
City State Zip Code Nashville TN 37203	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Alejandro L. Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6
Mailing Address 1 Tennyson Court		Transaction ID: SA11A1.6369
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 / 58
	<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) <b>A.</b> Dr. Filiberto Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 3000 Granite		<b>Transaction ID:</b> SA11A1.6388	
City State Zip Code Mission TX 75872	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer McAllen Heart 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) <b>B.</b> Dr. Richard G. Rouse		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 13707 Village Wood		<b>Transaction ID:</b> SA11A1.6390	
City State Zip Code San Antonio TX 78216-1628	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer South Texas CT & Vascular	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Lorraine J. Rubis		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 6	
Mailing Address 106 4th Street, East		<b>Transaction ID:</b> SA11A1.6370	
City State Zip Code St. Petersburg FL 33715	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 37 / 58
	<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) <b>A. Dr. Edward Y. Sako</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 8760 Comanche Gap		<b>Transaction ID: SA11A1.6363</b>
City State Zip Code San Antonio TX 78255	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer University of Texas	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>B. Dr. Steven M. Schwartz</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 3803 South Bascom Avenue		<b>Transaction ID: SA11A1.6450</b>
City State Zip Code Campbell CA 95008	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer San Jose Cardiac Surgery 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>C. Dr. Richard J. Shemin</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6
Mailing Address 37 Thatcher Street		<b>Transaction ID: SA11A1.6448</b>
City State Zip Code West Wood MA 02090	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Boston 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 38 / 58
	<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 C. Silvestry

Mailing Address 135 Woodside Road

City Ardmore State PA Zip Code 19003

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

Name of Employer Thomas Jefferson University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2006

Transaction ID: SA11A1.6570

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alan M. Speir

Mailing Address 2921 Telestar Court

City Falls Church State VA Zip Code 22042

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

Name of Employer CV and Thoracic Surgery Assoc. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2006

Transaction ID: SA11A1.6491

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan J. Spotnitz

Mailing Address 47 Wakefield Lane

City Piscataway State NJ Zip Code 08854

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

Name of Employer UMDNJ-RWJMS Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2006

Transaction ID: SA11A1.6449

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 39 / 58
	<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) <b>A.</b> Dr. Mark Tedder		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 4230 Harding Road		<b>Transaction ID:</b> SA11A1.6279	
City State Zip Code Nashville TN 37205	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>B.</b> Dr. James C. Todd		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 513 Tony Tank Lane		<b>Transaction ID:</b> SA11A1.6489	
City State Zip Code Salisbury MD 21801	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CV Surgical Associates, P.A.	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>C.</b> Dr. Robert M. Vanecko		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6	
Mailing Address 6200 North Kilpatrick		<b>Transaction ID:</b> SA11A1.6585	
City State Zip Code Chicago IL 60646	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Northwestern	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> 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 40 / 58
	<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) <b>A. Dr. Joseph Venditti, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address <b>5205 Garden Gateway</b>		<b>Transaction ID: SA11A1.6451</b>	
City <b>Valparaiso</b>	State <b>IN</b>	Zip Code <b>46383</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Lake Porter Cardiovascular</b>	Occupation <b>Physician</b>		
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>B. Dr. Garrett L. Walsh</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address <b>1812 Staffordshire Crescent</b>		<b>Transaction ID: SA11A1.6315</b>	
City <b>Houston</b>	State <b>TX</b>	Zip Code <b>77030</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Dr. Anderson MD</b>	Occupation <b>Physician</b>		
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>C. Dr. D. Christopher Wells</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address <b>848 Wildwood Road</b>		<b>Transaction ID: SA11A1.6291</b>	
City <b>Roanoke</b>	State <b>VA</b>	Zip Code <b>24014</b>	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Cardiovascular Surgical Assoc.</b>	Occupation <b>Physician</b>		
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) ..... ▶	1250.00
<b>TOTAL</b> 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 41 / 58
	<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) <b>A. Dr. J. Alan Wolfe</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 810 Fairfield Road		Transaction ID: SA11A1.6455	
City State Zip Code Atlanta GA 30327	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Peachtree 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>B. Dr. Douglas E. Wood</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 1944 15th Avenue, East		Transaction ID: SA11A1.6457	
City State Zip Code Seattle WA 98112	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Washington	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>C. Robert A. Wynbrandt</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 921 Dryden Lane		Transaction ID: SA11A1.6458	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Society of Thoracic Surgeons	Occupation Executive Director		
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) ..... ▶	2000.00
<b>TOTAL</b> 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 42 / 58	
	(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. J. Nilas Young

Mailing Address 2212 Stockton Boulevard

City State Zip Code  
 Sacramento CA 95817-1418

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

Name of Employer University of California-Davis  
 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  
 0 2 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.6459

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	61615.00

# 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)

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<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) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.6532	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 07 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 268.45
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:			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B.6531	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 13 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 7.38
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>C. American Express</b>		<b>Transaction ID:</b> SB21B.6529	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 17 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 29.50
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>305.33</b>
<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)

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<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) <b>A. American Express</b>		<b>Transaction ID: SB21B.6533</b>	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 28 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 4.50
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>B. American Express</b>		<b>Transaction ID: SB21B.6597</b>	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 03 / 24 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 30.98
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>C. American Express</b>		<b>Transaction ID: SB21B.6601</b>	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 03 / 28 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 4.50
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>39.98</b>
<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 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)		Transaction ID: SB21B.6299																					
A. Merchant Services		Date of Disbursement																					
Mailing Address 7300 Chapman 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>1</td><td></td><td>0</td><td>4</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	1		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		0	4		2	0	0	6														
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees		Category/ Type	207.60																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:      District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.6534																					
B. Merchant Services		Date of Disbursement																					
Mailing Address 7300 Chapman 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>2</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	2		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees		Category/ Type	106.85																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:      District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.6573																					
C. Merchant Services		Date of Disbursement																					
Mailing Address 7300 Chapman 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>3</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	3		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Fees		Category/ Type	408.82																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:      District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	723.27
<b>TOTAL</b> This Period (last page this line number only) .....	1068.58

**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. BATTLE BORN POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 40366

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.6518

Date of Disbursement

02 / 22 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CARPER FOR SENATE**

Mailing Address 19 EAST COMMONS BOULEVARD

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
THOMAS R. CARPER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Transaction ID: SB23.6502

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CHARLES BOUSTANY JR. FOR CONGRESS**

Mailing Address P.O. BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CHARLES BOUSTANY, JR.

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Transaction ID: SB23.6539

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

**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)

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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

**A. COMMITTEE TO RE-ELECT ED TOWNS**

Full Name (Last, First, Middle Initial)

Mailing Address 438 LEWIS AVENUE

City BROOKLYN State NY Zip Code 11233

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
EDOLPHUS TOWNS

Office Sought:  House  
 Senate  
 President  
State: NY District: 10

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.6564

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B. CONGRESSIONAL FCU VISA**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 96099

City CHARLOTTE State NC Zip Code 28296

Purpose of Disbursement  
IN-KIND: CATERING

Candidate Name  
K. MICHAEL CONAWAY

Office Sought:  House  
 Senate  
 President  
State: TX District: 11

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.6598

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1245.15

**C. DIANA DEGETTE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
DIANA DEGETTE

Office Sought:  House  
 Senate  
 President  
State: CO District: 01

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID:** SB23.6537

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

4245.15

**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 48 / 58

<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) <b>A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</b>		<b>Transaction ID:</b> SB23.6505 Date of Disbursement
Mailing Address 25 EAST MAIN STREET		<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>
City RICHMOND	State VA	Zip Code 23219
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text" value="1000.00"/>
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) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FRED MORGAN FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6557 Date of Disbursement
Mailing Address P.O. BOX 14510		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City OKLAHOMA CITY	State OK	Zip Code 73113
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name FRED MORGAN	Category/ Type	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OK District: 05		

Full Name (Last, First, Middle Initial) <b>C. GINGREY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.6540 Date of Disbursement
Mailing Address P.O. BOX U		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City MARIETTA	State GA	Zip Code 30060
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	Amount of Each Disbursement this Period
Candidate Name PHILLIP J. GINGREY	Category/ Type	<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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> 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)

PAGE 49 / 58

<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) <b>A. GLACIER PAC</b>		<b>Transaction ID:</b> SB23.6556 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address 818 CONNECTICUT AVENUE, NORTHWEST		Amount of Each Disbursement this Period 5000.00
City WASHINGTON State DC Zip Code 20006	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>B. HASTERT FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.6535 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6
Mailing Address P.O. BOX 625		Amount of Each Disbursement this Period 5000.00
City BATAVIA State IL Zip Code 60510	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name DENNIS HASTERT		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID:</b> SB23.6516 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address P.O. BOX 1986		Amount of Each Disbursement this Period 1000.00
City NEW BRITAIN State CT Zip Code 06050	Category/ Type	
Purpose of Disbursement CONTRIBUTION		
Candidate Name NANCY JOHNSON		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11000.00
<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)

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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) <b>A. JON KYL FOR U.S. SENATE</b>		<b>Transaction ID: SB23.6536</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 6	
Mailing Address P.O. BOX 10246		Amount of Each Disbursement this Period 1000.00	
City PHOENIX	State AZ		Zip Code 85064
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name JON KYL			
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) ▼	State: AZ District: 00	

Full Name (Last, First, Middle Initial) <b>B. KELLER FOR CONGRESS</b>		<b>Transaction ID: SB23.6513</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6	
Mailing Address P.O. BOX 1453		Amount of Each Disbursement this Period 1000.00	
City ORLANDO	State FL		Zip Code 32802
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name RICHARD ANTHONY KELLER			
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: FL District: 08	

Full Name (Last, First, Middle Initial) <b>C. LARSON FOR CONGRESS</b>		<b>Transaction ID: SB23.6508</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 6	
Mailing Address 29 RUFF CIRCLE		Amount of Each Disbursement this Period 1000.00	
City GLASTONBURY	State CT		Zip Code 06033
Purpose of Disbursement CONTRIBUTION			Category/ Type
Candidate Name JOHN B. LARSON			
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: CT District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)  
NATHAN DEAL FOR CONGRESS

Mailing Address P.O. BOX 902

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement CONTRIBUTION

Candidate Name NATHAN DEAL

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: GA District: 10

Transaction ID: SB23.6555

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.6522

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement CONTRIBUTION

Candidate Name

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.6594

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

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

16000.00

**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) <b>A. NELSON FOR U.S. SENATE</b>		Transaction ID: SB23.6595 Date of Disbursement 03 / 27 / 2006
Mailing Address P.O. BOX 8666		Amount of Each Disbursement this Period 4000.00
City OMAHA	State NE	
Zip Code 68108		
Purpose of Disbursement CONTRIBUTION		
Candidate Name E. BENJAMIN NELSON		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: NE District: 00		

Full Name (Last, First, Middle Initial) <b>B. NORWOOD FOR CONGRESS</b>		Transaction ID: SB23.6511 Date of Disbursement 02 / 22 / 2006
Mailing Address P.O. BOX 499		Amount of Each Disbursement this Period 1000.00
City EVANS	State GA	
Zip Code 30809		
Purpose of Disbursement CONTRIBUTION		
Candidate Name CHARLES W. NORWOOD		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: GA District: 09		

Full Name (Last, First, Middle Initial) <b>C. NORWOOD FOR CONGRESS</b>		Transaction ID: SB23.6551 Date of Disbursement 03 / 07 / 2006
Mailing Address P.O. BOX 499		Amount of Each Disbursement this Period 2500.00
City EVANS	State GA	
Zip Code 30809		
Purpose of Disbursement CONTRIBUTION		
Candidate Name CHARLES W. NORWOOD		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: GA District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<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

Full Name (Last, First, Middle Initial) <b>A. NORWOOD FOR CONGRESS</b>		Transaction ID: SB23.6575 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address P.O. BOX 499		Amount of Each Disbursement this Period 1500.00
City EVANS State GA Zip Code 30809	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name CHARLES W. NORWOOD		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. PALLONE FOR CONGRESS</b>		Transaction ID: SB23.6576 Date of Disbursement MM / DD / YYYY 03 / 21 / 2006
Mailing Address P.O. BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH State NJ Zip Code 07740	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name FRANK PALLONE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PETE STARK RE-ELECTION COMMITTEE</b>		Transaction ID: SB23.6503 Date of Disbursement MM / DD / YYYY 02 / 08 / 2006
Mailing Address P.O. BOX 8331		Amount of Each Disbursement this Period 1000.00
City FREMONT State CA Zip Code 94537	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name PETE STARK		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<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)

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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. PRICE FOR CONGRESS**

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement CONTRIBUTION

Candidate Name THOMAS E. PRICE

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.6504

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. RE-ELECT BRIAN BILBRAY FOR CONGRESS**

Mailing Address 2466 UNICORNIO STREET

City CARLSBAD State CA Zip Code 92009

Purpose of Disbursement CONTRIBUTION

Candidate Name BRIAN P. BILBRAY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Transaction ID: SB23.6525

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCHWARZ FOR CONGRESS**

Mailing Address P.O. BOX 2063

City BATTLE CREEK State MI Zip Code 49016

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN SCHWARZ

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MI District: 7

Transaction ID: SB23.6592

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

**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) <b>A. STUPAK FOR CONGRESS</b>		Transaction ID: SB23.6542 Date of Disbursement																					
Mailing Address 817 NINTH AVENUE		<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>3</td><td></td><td>0</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	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	6														
City MENOMINEE	State MI	Zip Code 49858	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name BART STUPAK		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: MI	District: 01																						

Full Name (Last, First, Middle Initial) <b>B. SUNSHINE PAC</b>		Transaction ID: SB23.6506 Date of Disbursement																					
Mailing Address 133 EAST INDIANA AVENUE		<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>2</td><td></td><td>0</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	2		0	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	8		2	0	0	6														
City DELAND	State FL	Zip Code 32724	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name		Category/ Type																					
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>C. TALENT FOR SENATE COMMITTEE</b>		Transaction ID: SB23.6545 Date of Disbursement																					
Mailing Address 147 NORTH MERAMEC		<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>3</td><td></td><td>0</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	3		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	6														
City ST. LOUIS	State MO	Zip Code 63105	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name JAMES MATTHES TALENT		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: MO	District: 00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> 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) <b>A. TIM JOHNSON FOR SOUTH DAKOTA INC</b>		<b>Transaction ID: SB23.6552</b> Date of Disbursement
Mailing Address P.O. BOX 1859		<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
City SIOUX FALLS	State SD	Zip Code 57101
Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>	
Candidate Name TIM JOHNSON	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD	District: 00	

Full Name (Last, First, Middle Initial) <b>B. TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)</b>		<b>Transaction ID: SB23.6593</b> Date of Disbursement
Mailing Address P.O. BOX 16488		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City ARLINGTON	State VA	Zip Code 22215
Purpose of Disbursement CONTRIBUTION	<input type="text" value="5000.00"/>	
Candidate Name	Category/ Type	
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>C. VOINOVICH FOR SENATE COMMITTEE</b>		<b>Transaction ID: SB23.6512</b> Date of Disbursement
Mailing Address 865 MACON ALLEY		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City COLUMBUS	State OH	Zip Code 43206
Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>	
Candidate Name GEORGE VOINOVICH	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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: OH	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> 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: SB23.6548

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

Image# 26930044527

Form/Schedule: **SB23**

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20036

Transaction ID: **SB23.6598**

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