24962478542

10/15/2004 13 : 27

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

X Check if different than previously reported. (ACC)

WASHINGTON | DC | 20036

2. **FEC IDENTIFICATION NUMBER** ▼ C00325936

CITY ▲ STATE ▲ ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- X January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G)

Election on in the State of

(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2001 through 12 31 2001

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 J. Michael Hogan - Ass't Treasurer

Signature of Treasurer Electronically Filed by J. Michael Hogan - Ass't Treasurer Date 10 15 2004

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		61408.38
(b) Cash on Hand at Begining of Reporting Period	42133.58	
(c) Total Receipts (from Line 19)	3500.00	15100.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45633.58	96508.38
7. Total Disbursements (from Line 31)	19979.03	70853.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25654.55	25654.55
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X 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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3500.00	
(ii) Unitemized	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	3500.00	15100.00
(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) ..... ▶	3500.00	15100.00
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))	3500.00	15100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3500.00	15100.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2479.03	3153.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	2479.03	3153.83
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	17500.00	67700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19979.03	70853.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	19979.03	70853.83

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3500.00	15100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3500.00	15100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2479.03	3153.83
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2479.03	3153.83

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 18
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael Buch

Mailing Address 4937 Quail Lane

City: Ogden | State: UT | Zip Code: 84403

FEC ID number of contributing federal political committee: C

Name of Employer: Ogden Cardiovascular Assoc.
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 06 06 2001
Transaction ID: SA11A1.5348
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. T. Arthur Edgerton

Mailing Address 12100 James Jack Lane

City: Charlotte | State: NC | Zip Code: 28277

FEC ID number of contributing federal political committee: C

Name of Employer: Catawba Cardiothoracic Surgery
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 16 2001
Transaction ID: SA11A1.5348
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Graver

Mailing Address 123 Birch Lane

City: Manhasset | State: NY | Zip Code: 11030

FEC ID number of contributing federal political committee: C

Name of Employer: Long Island Jewish Medical Ctr
Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 08 2001
Transaction ID: SA11A1.5350
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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

24962478548

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Jesse Julian

Mailing Address 5217 Silver Run Lane

City: Salisbury
State: MD
Zip Code: 21801-1278

FEC ID number of contributing federal political committee: C

Name of Employer: CV Surgical Associates. P.A.

Occupation: Physician

Receipt For: 2002
X Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 01 2001

Transaction ID: SA11A1.5351

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

TOTAL This Period (last page this line number only) ..... ▶ 3500.00

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address 7300 Chapman Highway

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5630
Date of Disbursement: 07 / 03 / 2001

Amount of Each Disbursement this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address 7300 Chapman Highway

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5631
Date of Disbursement: 08 / 02 / 2001

Amount of Each Disbursement this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address 7300 Chapman Highway

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5632
Date of Disbursement: 09 / 05 / 2001

Amount of Each Disbursement this Period: 20.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **60.00**

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

24962478550

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address 7300 Chapman Highway

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5633
Date of Disbursement: 10/02/2001

Amount of Each Disbursement this Period: 20.00

B.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address 7300 Chapman Highway

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5634
Date of Disbursement: 11/02/2001

Amount of Each Disbursement this Period: 20.00

C.
Full Name (Last, First, Middle Initial)
Nova Information Systems

Mailing Address 7300 Chapman Highway

City: Knoxville | State: TN | Zip Code: 37920

Purpose of Disbursement: Credit Card Fees

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5635
Date of Disbursement: 12/04/2001

Amount of Each Disbursement this Period: 20.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **60.00**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Smith, Bucklin & Associates
Mailing Address: 1200 19th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: Accounting
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB21B.5310
Date of Disbursement: 09 / 28 / 2001
Amount of Each Disbursement this Period: 1879.07

B.
Full Name (Last, First, Middle Initial): Smith, Bucklin & Associates
Mailing Address: 1200 19th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: Accounting
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB21B.5311
Date of Disbursement: 10 / 01 / 2001
Amount of Each Disbursement this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Smith, Bucklin & Associates
Mailing Address: 1200 19th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: Accounting
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB21B.5312
Date of Disbursement: 11 / 05 / 2001
Amount of Each Disbursement this Period: 200.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2079.07

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Smith, Bucklin & Associates
Mailing Address: 1200 19th Street, N.W. Suite 300
City: Washington State: DC Zip Code: 20036
Purpose of Disbursement: Accounting
Candidate Name
Category/Type
Office Sought: House / Senate / President State: District
Disbursement For: Primary General Other (specify)
Transaction ID: SB21B.5313
Date of Disbursement: 11/30/2001
Amount of Each Disbursement this Period: 200.00

B.
Full Name (Last, First, Middle Initial): SunTrust Bank
Mailing Address: P.O. Box 622227
City: Orlando State: FL Zip Code: 32862-2227
Purpose of Disbursement: Bank Charge
Candidate Name
Category/Type
Office Sought: House / Senate / President State: District
Disbursement For: Primary General Other (specify)
Transaction ID: SB21B.5638
Date of Disbursement: 10/22/2001
Amount of Each Disbursement this Period: 8.39

C.
Full Name (Last, First, Middle Initial): SunTrust Bank
Mailing Address: P.O. Box 622227
City: Orlando State: FL Zip Code: 32862-2227
Purpose of Disbursement: Bank Charge
Candidate Name
Category/Type
Office Sought: House / Senate / President State: District
Disbursement For: Primary General Other (specify)
Transaction ID: SB21B.5640
Date of Disbursement: 11/23/2001
Amount of Each Disbursement this Period: 29.76

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 238.15

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b

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

A. Full Name (Last, First, Middle Initial)
SunTrust Bank

Mailing Address P.O. Box 622227

City: Orlando
State: FL
Zip Code: 32892-2227

Purpose of Disbursement
Bank Charge

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: SB21B.5641
Date of Disbursement
12 / 21 / 2001

Amount of Each Disbursement this Period
41.81

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 41.81

TOTAL This Period (last page this line number only) ..... ▶ 2479.03

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): FRIENDS OF CLAY SHAW
Mailing Address: 2600 N.E. 14TH STREET CAUSEWAY
City: POMPANO BEACH State: FL Zip Code: 33062
Purpose of Disbursement: CONTRIBUTION
Candidate Name: CLAY SHAW
Category/Type
Office Sought: X House / Senate / President
State: FL District: 22
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5339
Date of Disbursement: 09 / 17 / 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF DAVE WELDON
Mailing Address: P.O. BOX 968
City: MELBOURNE State: FL Zip Code: 32902
Purpose of Disbursement: CONTRIBUTION
Candidate Name: DAVE WELDON
Category/Type
Office Sought: X House / Senate / President
State: FL District: 15
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5318
Date of Disbursement: 07 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF DAVE WELDON
Mailing Address: P.O. BOX 968
City: MELBOURNE State: FL Zip Code: 32902
Purpose of Disbursement: CONTRIBUTION
Candidate Name: DAVE WELDON
Category/Type
Office Sought: X House / Senate / President
State: FL District: 15
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5320
Date of Disbursement: 10 / 25 / 2001
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): FRIENDS OF LOIS CAPPS
Mailing Address: P.O. BOX 23940
City: SANTA BARBARA State: CA Zip Code: 93121
Purpose of Disbursement: CONTRIBUTION
Candidate Name: LOIS CAPPS
Category/Type
Office Sought: X House / Senate / President
State: CA District: 23
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5327
Date of Disbursement: 10 / 25 / 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): FRIENDS OF MAX BAUCUS
Mailing Address: P.O. BOX 586
City: HELENA State: MT Zip Code: 59624
Purpose of Disbursement: CONTRIBUTION
Candidate Name: MAX BAUCUS
Category/Type
Office Sought: House / X Senate / President
State: MT District: 00
Disbursement For: 2002 Primary / X General / Other (specify)
Transaction ID: SB23.5338
Date of Disbursement: 10 / 03 / 2001
Amount of Each Disbursement this Period: 500.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF SENATOR ROCKEFELLER
Mailing Address: P.O. BOX 1909
City: CHARLESTON State: WV Zip Code: 25327
Purpose of Disbursement: CONTRIBUTION
Candidate Name: JOHN ROCKEFELLER
Category/Type
Office Sought: House / X Senate / President
State: WV District: 00
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5342
Date of Disbursement: 11 / 20 / 2001
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): GANSKE FOR SENATE
Mailing Address: 1200 GRAND AVENUE
City: WEST DES MOINES State: IA Zip Code: 50265
Purpose of Disbursement: CONTRIBUTION
Candidate Name: GREG GANSKE
Category/Type
Office Sought: House / X Senate / President
State: IA District: 00
Disbursement For: 2002 / X Primary / General / Other (specify)
Transaction ID: SB23.5333
Date of Disbursement: 10 / 15 / 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): JOHNSON FOR CONGRESS COMMITTEE
Mailing Address: P.O. BOX 1986
City: NEW BRITAIN State: CT Zip Code: 06050
Purpose of Disbursement: CONTRIBUTION
Candidate Name: NANCY JOHNSON
Category/Type
Office Sought: X House / Senate / President
State: CT District: 05
Disbursement For: 2002 / Primary / X General / Other (specify)
Transaction ID: SB23.5316
Date of Disbursement: 09 / 25 / 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): JOHNSON FOR CONGRESS COMMITTEE
Mailing Address: P.O. BOX 1986
City: NEW BRITAIN State: CT Zip Code: 06050
Purpose of Disbursement: CONTRIBUTION
Candidate Name: NANCY JOHNSON
Category/Type
Office Sought: X House / Senate / President
State: CT District: 05
Disbursement For: 2002 / Primary / X General / Other (specify)
Transaction ID: SB23.5317
Date of Disbursement: 12 / 14 / 2001
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) ..... ▶

24962478557

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A.
Full Name (Last, First, Middle Initial): KEEP OUR MAJORITY PAC
Mailing Address: P.O. BOX 20209
City: ALEXANDRIA State: VA Zip Code: 22320
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / X President / State: / District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.5353
Date of Disbursement: 12 / 27 / 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): KELLER FOR CONGRESS
Mailing Address: P.O. BOX 1453
City: ORLANDO State: FL Zip Code: 32802
Purpose of Disbursement: CONTRIBUTION
Candidate Name: RICHARD KELLER
Category/Type:
Office Sought: X House / Senate / President / State: FL District: 08
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5341
Date of Disbursement: 11 / 20 / 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): MAINSTREAM AMERICA POLITICAL ACTION COMMITTEE
Mailing Address: P.O. BOX 4287
City: BATON ROUGE State: LA Zip Code: 70821
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: / District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.5336
Date of Disbursement: 10 / 03 / 2001
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2500.00**

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

A.
Full Name (Last, First, Middle Initial): NATIONAL LEADERSHIP PAC
Mailing Address: P.O. BOX 5577
City: NEW YORK State: NY Zip Code: 10027
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Transaction ID: SB23.5329
Date of Disbursement: 10 / 25 / 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): PEOPLE FOR ENGLISH
Mailing Address: P.O. BOX 1940
City: ERIE State: PA Zip Code: 16507
Purpose of Disbursement: CONTRIBUTION
Candidate Name: PHILIP ENGLISH
Category/Type
Office Sought: X House / Senate / President
State: PA District: 03
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5326
Date of Disbursement: 10 / 25 / 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): PETE STARK RE-ELECTION COMMITTEE
Mailing Address: P.O. BOX 8331
City: FREMONT State: CA Zip Code: 94537
Purpose of Disbursement: CONTRIBUTION
Candidate Name: PETE STARK
Category/Type
Office Sought: X House / Senate / President
State: CA District: 13
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5325
Date of Disbursement: 10 / 15 / 2001
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) ..... ▶

24962478559

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): RANGEL FOR CONGRESS
Mailing Address: P.O. BOX 5577, MANHATTANVILLE STATION
City: NEW YORK State: NY Zip Code: 10027
Purpose of Disbursement: CONTRIBUTION
Candidate Name: CHARLES RANGEL
Category/Type
Office Sought: X House / Senate / President
State: NY District: 15
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5845
Date of Disbursement: 07 / 11 / 2001
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): RANGEL FOR CONGRESS
Mailing Address: P.O. BOX 5577, MANHATTANVILLE STATION
City: NEW YORK State: NY Zip Code: 10027
Purpose of Disbursement: CONTRIBUTION
Candidate Name: CHARLES RANGEL
Category/Type
Office Sought: X House / Senate / President
State: NY District: 15
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5331
Date of Disbursement: 10 / 25 / 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): TED STRICKLAND FOR CONGRESS
Mailing Address: 795 LUTHER ROAD
City: MINFORD State: OH Zip Code: 45653
Purpose of Disbursement: CONTRIBUTION
Candidate Name: TED STRICKLAND
Category/Type
Office Sought: X House / Senate / President
State: OH District: 06
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: SB23.5322
Date of Disbursement: 11 / 20 / 2001
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

TOTAL This Period (last page this line number only) ..... ▶ **17500.00**