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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SOCIETY OF THORACIC SURGEONS - PAC

ADDRESS (number and street) 1025 CONNECTICUT AVE, NW
SUITE 1104
WASHINGTON DC 20036-1

✓ (Check if address is changed)

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dboydests.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.sts.org

COMMITTEE'S FAX NUMBER

202-481-1029

2. DATE 05 20 2004

3. FEC IDENTIFICATION NUMBER ▶ C00325936

4. IS THIS STATEMENT NEW (N) OR ✓ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John E. Mayer Jr. MD

Signature of Treasurer [signature] Date 04 12 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President State District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☑ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

THE SOCIETY OF THORACIC SURGEONS

Mailing Address 633 NORTH SAINT CLAIR STREET
SUITE 2320
CHICAGO IL 60611-3650

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☑ Trade Association ☐ Cooperative

Write or Type Committee Name

The Society of Thoracic Surgeons

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name: DAVID BOYD

Mailing Address: 1025 CONNECTICUT AVENUE NW
SUITE 1104
WASHINGTON DC 20036-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

GOV'T RELATIONS COOR

Telephone number: 202-481-1026

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: JOHN E MAYER JR MD

Mailing Address: CARDIAC SURGERY-CHILDREN'S HOSP
300 LONGWOOD AVE
BOSTON MA 02115-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 617-355-8258

Full Name of Designated Agent: JOSEPH MICHAEL HOGAN JR

Mailing Address: 1025 CONNECTICUT AVENUE, NW
SUITE 1104
WASHINGTON DC 20036-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASSISTANT TREASURER

Telephone number: 202-481-1026

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds

Name of Bank, Depository, etc.

SUNTRUST

Mailing Address PO BOX 622227

ORLANDO FL 32862-2227

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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☐ Other (Specify):	Date of Receipt or Postmarked

PREPARER

5-25-04
DATE PREPARED

(5/2004)