

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2009 through 10 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Dr. John E. Mayer, Jr.

Signature of Treasurer Electronically Filed by Dr. John E. Mayer, Jr. Date 11 09 2009

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

Office Use Only table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80881.38
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	103841.84									
(c) Total Receipts (from Line 19)	11860.00	148905.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	115701.84	229786.38								
7. Total Disbursements (from Line 31)	18478.18	132562.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97223.66	97223.66								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10460.00	139440.00
(ii) Unitemized	1400.00	9465.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11860.00	148905.00
(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)	11860.00	148905.00
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))	11860.00	148905.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11860.00	148905.00

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.....	478.18	5062.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	478.18	5062.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	127500.00
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))..	18478.18	132562.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18478.18	132562.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	11860.00	148905.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11860.00	148905.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	478.18	5062.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	478.18	5062.72

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)
 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. James W. Asaph

Mailing Address 4401 Southwest Westdale Drive

City State Zip Code
Portland OR 97221

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

Name of Employer Retired Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: SA11AI.9416
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas M. Beaver

Mailing Address 9605 Southwest 33rd Lane

City State Zip Code
Gainesville FL 32608

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

Name of Employer University of Florida Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.9393
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Alvise F. Bernabei

Mailing Address 233 College Avenue

City State Zip Code
Lancaster PA 17603

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

Name of Employer Lancaster Regional Medical Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.9398
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<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. Lawrence R. Breitkreutz		Date of Receipt	
	Mailing Address P.O. Box 3012		M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9388
	Abilene	TX	79604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Abilene CV Surgery, PA		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. John B. Casterline		Date of Receipt	
	Mailing Address 7019 Lake Run Drive		M M / D D / Y Y Y Y Y 1 0 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9381
	Birmingham	AL	35242	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Cardio-Thoracic Surgeons		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Kenneth A. Fox		Date of Receipt	
	Mailing Address 1010 West 40th Street		M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9394
	Austin	TX	78756	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
Name of Employer CTVS		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		365.00		

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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 E. Gaines	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1940 Alcoa Highway	Transaction ID: SA11AI.9404
	City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University Health Systems Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) Dr. Walter H. Halloran	Date of Receipt MM / DD / YYYY 10 / 28 / 2009
	Mailing Address 500 Arcade Avenue	Transaction ID: SA11AI.9447
	City State Zip Code Elkhart IN 46514	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiothoracic Surgery, P.C. Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Lacy E. Harville, III	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 1005 Golf View Lane	Transaction ID: SA11AI.9405
	City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer East Tennessee CV Surgical Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Juan J. Hernandez-Maldonado

Mailing Address A5 Calle Tivoli

City San Juan State PR Zip Code 00926

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: 10 / 28 / 2009
Transaction ID: SA11AI.9449
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. John A. Johnkoski

Mailing Address 425 Pine Ridge Boulevard

City Wausau State WI Zip Code 55401

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

Name of Employer Wausau Heart & Lung Surgeons Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 09 / 2009
Transaction ID: SA11AI.9408
Amount of Each Receipt this Period: 1000.00

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

Mailing Address 8526 Spring Brook Road

City Rockford State IL Zip Code 61114

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

Name of Employer Swedish American Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: SA11AI.9442
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 455 Pinellas Street

City State Zip Code
Clearwater FL 33750

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
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.9443

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. John V. Redington

Mailing Address 848 Rincon Lane

City State Zip Code
Polos Verdes CA 90274

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 ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.9417

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Ross M. Reul

Mailing Address 1101 Bates Avenue

City State Zip Code
Houston TX 77030

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

Name of Employer Surgical Associates of Texas
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.9395

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr. Adib H. Sabbagh

Mailing Address 5235 North Campbell Avenue

City State Zip Code
Tucson AZ 85718

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

Name of Employer Occupation
University Physicians Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.9410

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Dr. Rawn Salenger

Mailing Address 257 Lafayette Avenue

City State Zip Code
Suffern NY 10901

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

Name of Employer Occupation
Good Samaritan Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.9397

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)

Dr. Jeffrey P. Schwartz

Mailing Address 2160 South 1st Avenue

City State Zip Code
Maywood IL 60153

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

Name of Employer Occupation
Loyola University Medical 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
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.9411

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 20
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Dr. Howard L. Shackelford, Jr.

Mailing Address 109 Plaza West

City St. Clairsville State OH Zip Code 43950

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 ▼ 3000.00

Date of Receipt 10 / 19 / 2009

Transaction ID: SA11AI.9419

Amount of Each Receipt this Period 1500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Valavanur A. Subramanian

Mailing Address 130 East 77th Street

City New York City State NY Zip Code 10021

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2009

Transaction ID: SA11AI.9390

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Aaron L. Trachte

Mailing Address 7712 Wyatt Lake Drive

City Lawton State OK Zip Code 73505

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

Name of Employer Comanche County Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 08 / 2009

Transaction ID: SA11AI.9383

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Curtis G. Tribble

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216

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

Name of Employer University of Mississippi Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.9444

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Dr. Gene E. Tullis

Mailing Address 1651 37th Avenue Place

City State Zip Code
Greeley CO 80634

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

Name of Employer Banner Health Occupation 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
1 0 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.9384

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL This Period (last page this line number only) ► **10460.00**

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9392 Date of Disbursement 10 / 09 / 2009
	Amount of Each Disbursement this Period 46.48

B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9453 Date of Disbursement 10 / 23 / 2009
	Amount of Each Disbursement this Period 22.75

C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9454 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 4.95

SUBTOTAL of Disbursements This Page (optional) ► 74.18

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 15 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Highway City Knoxville State TN Zip Code 37920 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9374 Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 307.51
B. Full Name (Last, First, Middle Initial) SunTrust Mailing Address 3440 Wisconsin Avenue, NW City Washington State DC Zip Code 20016 Purpose of Disbursement Bank Charges Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9452 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 96.49

SUBTOTAL of Disbursements This Page (optional) ▶

404.00

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

478.18

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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) ANNA ESHOO FOR CONGRESS Mailing Address 555 CAPITOL MALL City SACRAMENTO State CA Zip Code 95814 Purpose of Disbursement CONTRIBUTION Candidate Name ANNA ESHOO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9386 Date of Disbursement 10 / 12 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 Mailing Address P.O. BOX 977 City MUSKOGEE State OK Zip Code 74402 Purpose of Disbursement CONTRIBUTION Candidate Name THOMAS COBURN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 1000.00	
Category/ Type	Transaction ID: SB23.9431 Date of Disbursement 10 / 19 / 2009
Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE Mailing Address 6380 WILSHIRE BOULEVARD City LOS ANGELES State CA Zip Code 90048 Purpose of Disbursement CONTRIBUTION Candidate Name HENRY A. WAXMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2500.00
Category/ Type	Amount of Each Disbursement this Period 4500.00

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY Mailing Address 151 LINDEN ROAD City MINEOLA State NY Zip Code 11501 Purpose of Disbursement CONTRIBUTION Candidate Name CAROLYN MCCARTHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9380 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO Mailing Address P.O. BOX 52008 City CASPER State WY Zip Code 82605 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN A. BARRASSO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9376 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BOEHNER Mailing Address 7908 CINCINNATI DAYTON ROAD City WEST CHESTER State OH Zip Code 45069 Purpose of Disbursement CONTRIBUTION Candidate Name JOHN A. BOEHNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9420 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address P.O. BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement CONTRIBUTION

Candidate Name SHERROD BROWN

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.9437

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
GEORGIANS FOR ISAKSON

Mailing Address P.O. BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN H. ISAKSON

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: GA District: 00

Transaction ID: SB23.9425

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GEORGIANS FOR ISAKSON

Mailing Address P.O. BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement VOID 07/28/2009 CONTRIBUTION

Candidate Name JOHN H. ISAKSON

Category/Type

Office Sought: House Senate President

Disbursement For: 2010 Primary General Other (specify) ▼

State: GA District: 00

Transaction ID: SB23.9435

Date of Disbursement

10 / 19 / 2009

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) GUTHRIE FOR CONGRESS <hr/> Mailing Address P.O. BOX 9639 <hr/> City BOWLING GREEN State KY Zip Code 42102 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name STEVEN B. GUTHRIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9421 Date of Disbursement 10 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS <hr/> Mailing Address P.O. BOX 288 <hr/> City MERIDIAN State ID Zip Code 83642 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name WALTER C. MINNICK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9426 Date of Disbursement 10 / 19 / 2009
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY U.S. SENATE CAMPAIGN <hr/> Mailing Address P.O. BOX 3662 <hr/> City SEATTLE State WA Zip Code 98124 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name PATTY MURRAY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.9427 Date of Disbursement 10 / 19 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<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) ROSKAM FOR CONGRESS	Transaction ID: SB23.9428 Date of Disbursement 10 / 19 / 2009
	Mailing Address P. O. BOX 713	Amount of Each Disbursement this Period 1000.00
	City WHEATON State IL Zip Code 60187	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name PETER ROSKAM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE	Transaction ID: SB23.9377 Date of Disbursement 10 / 08 / 2009
	Mailing Address P.O. BOX 1500	Amount of Each Disbursement this Period 1000.00
	City CHICO State CA Zip Code 95927	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name WALLY HERGER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.9434 Date of Disbursement 10 / 19 / 2009
	Mailing Address 232 NORTHEAST 9TH AVENUE	Amount of Each Disbursement this Period 1000.00
	City PORTLAND State OR Zip Code 97232	
	Purpose of Disbursement CONTRIBUTION	Category/Type
	Candidate Name RONALD L. WYDEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	18000.00