

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

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)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 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 11 04 2008 in the State of \_\_\_\_\_

5. Covering Period 10 16 2008 through 11 24 2008

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 12 01 2008

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. 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
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		61602.53
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	89319.31									
(c) Total Receipts (from Line 19) .....	12785.00	180932.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	102104.31	242534.53								
7. Total Disbursements (from Line 31) .....	37412.24	177842.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	64692.07	64692.07								
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
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	11285.00	170326.00
(i) Itemized (use Schedule A) .....	1500.00	10606.00
(ii) Unitemized .....	12785.00	180932.00
(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) .....	12785.00	180932.00
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)) .....	12785.00	180932.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12785.00	180932.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	312.24	4142.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	312.24	4142.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	172500.00
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 .....	100.00	1200.00
(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)) .....	100.00	1200.00
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))..	37412.24	177842.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37412.24	177842.46

**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 .....	12785.00	180932.00
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	1200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12685.00	179732.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	312.24	4142.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	312.24	4142.46

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 22

(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. John C. Alexander, Jr.

Mailing Address 96 Church Road

City State Zip Code  
**Winnetka IL 60093**

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

Name of Employer Northshore University Health  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
**10 / 20 / 2008**

**Transaction ID: SA11AI.8681**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
Dr. Shanda H. Blackmon

Mailing Address 6550 Fannin Street

City State Zip Code  
**Houston TX 77030**

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

Name of Employer The Methodist Hospital  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**365.00**

Date of Receipt  
**11 / 20 / 2008**

**Transaction ID: SA11AI.8754**

Amount of Each Receipt this Period  
**365.00**

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael D. Butler

Mailing Address 5127 Ridgedale Drive

City State Zip Code  
**Erie PA 16506-6115**

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

Name of Employer Flagship CVTS  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**11 / 21 / 2008**

**Transaction ID: SA11AI.8782**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **1865.00**

**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 7 / 22  
(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. James L. Cox

Mailing Address 13523 Rosewood Lane

City State Zip Code  
Naples FL 34119

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  
11 / 20 / 2008

Transaction ID: SA11AI.8768

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Verdi DiSesa

Mailing Address 526 South Sydbury Lane

City State Zip Code  
Wynnewood PA 19096

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

Name of Employer Chester County Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2008

Transaction ID: SA11AI.8771

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David J. Dodd

Mailing Address P.O. Box 7185

City State Zip Code  
Winter Haven FL 33883

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

Name of Employer Ocala Heart Institute Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2008

Transaction ID: SA11AI.8755

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

**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 8 / 22  
(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. David A. Fosdick

Mailing Address 8230 Walnut Hill Lane

City State Zip Code  
Dallas TX 75231

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

Name of Employer CSANT - Dallas      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 1 / 2 0 / 2 0 0 8

**Transaction ID:** SA11AI.8772

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Vincent Gaudiani

Mailing Address 2900 Whipple Avenue

City State Zip Code  
Redwood City CA 94062

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

Name of Employer Pacific Coast Cardiac      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 1 / 2 0 / 2 0 0 8

**Transaction ID:** SA11AI.8773

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Alan M. Gillinov

Mailing Address 9500 Euclid Avenue

City State Zip Code  
Cleveland OH 44195

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

Name of Employer Cleveland Clinic Foundati-  
on      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 1 / 2 0 / 2 0 0 8

**Transaction ID:** SA11AI.8756

Amount of Each Receipt this Period  
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 / 22

(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. Myles S. Guber

Mailing Address 950 East Harvard Avenue

City State Zip Code  
Denver CO 80210

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

Name of Employer Occupation  
Colorado Cardiovascular Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.8757

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael D. Harostock

Mailing Address 545 North River Street

City State Zip Code  
Wilkes Barre PA 18702

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

Name of Employer Occupation  
Pennsylvania Cardiothoracic Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.8687

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan R. Hartman

Mailing Address 300 Community Drive

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Occupation  
North Shore Hospital Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.8758

Amount of Each Receipt this Period

500.00

**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: PAGE 10 / 22  
(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. Connie C. Hutton

Mailing Address 500 Medical Center Boulevard

City State Zip Code  
Conroe TX 77304

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: 11 / 20 / 2008  
Transaction ID: SA11AI.8759  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul S. Levy

Mailing Address 502 Elm Street

City State Zip Code  
Albuquerque NM 87102

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

Name of Employer New Mexico Heart Institute Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 20 / 2008  
Transaction ID: SA11AI.8760  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert E. Merritt

Mailing Address 284 Mosher Way

City State Zip Code  
Palo Alto CA 94304

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

Name of Employer Stanford University Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 10 / 20 / 2008  
Transaction ID: SA11AI.8696  
Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**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 / 22  
(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. Robert E. Merritt

Mailing Address 284 Mosher Way

City Palo Alto State CA Zip Code 94304

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

Name of Employer Stanford University Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 13 / 2008  
**Transaction ID: SA11AI.8726**  
 Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Anthony L. Moulton

Mailing Address 44 Heritage Drive

City East Greenwich State RI Zip Code 02818

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 / 20 / 2008  
**Transaction ID: SA11AI.8697**  
 Amount of Each Receipt this Period 500.00

**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 Rockford Surgical Service Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 20 / 2008  
**Transaction ID: SA11AI.8762**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 675.00

**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 / 22  
(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. V. Sreenath Reddy

Mailing Address 26 Three Lakes Drive

City San Antonio State TX Zip Code 78248

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

Name of Employer University of Texas Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 20 / 2008

Transaction ID: SA11AI.8777

Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Todd K. Rosengart

Mailing Address HSC T19080

City Stony Brook State NY Zip Code 11794

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

Name of Employer Stony Brook Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 20 / 2008

Transaction ID: SA11AI.8763

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Steven M. Schwartz

Mailing Address 13372 Via Arriba Drive

City Saratoga State CA Zip Code 95070

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

Name of Employer San Jose Cardiac Surgery Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 20 / 2008

Transaction ID: SA11AI.8698

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1865.00

**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 13 / 22

(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. Sudhir Srivastava

Mailing Address 5841 South Maryland Avenue

City State Zip Code  
Chicago IL 60637

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

Name of Employer Occupation  
University of Chicago 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 1 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.8779

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Sheel Vatsia

Mailing Address 29 Gracewood Drive

City State Zip Code  
Manhasset NY 11030

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

Name of Employer Occupation  
North Shore Hospital 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 1 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.8731

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Julio Williams

Mailing Address 2107 Champions Drive

City State Zip Code  
Lufkin TX 75901

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

Name of Employer Occupation  
The Cardiothoracic Institute 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  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.8699

Amount of Each Receipt this Period

1000.00

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

1865.00

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

11285.00

**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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.8784 Date of Disbursement 11 / 20 / 2008
	Mailing Address P.O. Box 53852	Amount of Each Disbursement this Period 89.21
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Fees	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: SB21B.8724 Date of Disbursement 11 / 04 / 2008
	Mailing Address 7300 Chapman Highway	Amount of Each Disbursement this Period 25.00
	City Knoxville State TN Zip Code 37920	
	Purpose of Disbursement Credit Card Fees	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust	Transaction ID: SB21B.8733 Date of Disbursement 10 / 21 / 2008
	Mailing Address 3440 Wisconsin Avenue, NW	Amount of Each Disbursement this Period 114.82
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Bank Charges	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	229.03
<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

A.

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

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8752

Date of Disbursement

11 / 21 / 2008

Amount of Each Disbursement this Period

83.21

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

83.21

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

312.24

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JOHN H. ADLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8702</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS</p> <p>Mailing Address P.O. BOX 1527</p> <p>City ANNAPOLIS State MD Zip Code 21404</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ANDREW P. HARRIS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8734</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS</p> <p>Mailing Address P.O. BOX 261060</p> <p>City LOS ANGELES State CA Zip Code 90026</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8736</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

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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.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE '08	Transaction ID: SB23.8737 Date of Disbursement
	Mailing Address 680 TRANSFER ROAD	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City ST. PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name NORM COLEMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.8738 Date of Disbursement
	Mailing Address P.O. BOX 1096	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name SUSAN M. COLLINS	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CONGRESSMAN BART GORDON COMMITTEE	Transaction ID: SB23.8735 Date of Disbursement
	Mailing Address P.O. BOX 2008	<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City MURFREESBORO State TN Zip Code 37133	Amount of Each Disbursement this Period
	Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>
	Candidate Name BART GORDON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<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)

<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) DIANA DEGETTE FOR CONGRESS	Transaction ID: SB23.8739
	Mailing Address P.O. BOX 61337	Date of Disbursement 10 / 20 / 2008
	City DENVER State CO Zip Code 80206	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name DIANA L. DEGETTE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 01	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DICK DURBIN	Transaction ID: SB23.8741
	Mailing Address P.O. BOX 1949	Date of Disbursement 10 / 20 / 2008
	City SPRINGFIELD State IL Zip Code 62705	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name RICHARD J. DURBIN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 00	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.8742
	Mailing Address 228 SOUTH WASHINGTON STREET	Date of Disbursement 10 / 20 / 2008
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement CONTRIBUTION	Category/ Type
	Candidate Name GORDON H. SMITH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<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)  
FRIENDS OF JAY ROCKEFELLER

Mailing Address P.O. BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement CONTRIBUTION

Candidate Name JOHN D. ROCKEFELLER, IV

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: WV District: 00

Transaction ID: SB23.8743  
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2000.00

**B.** 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

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 00

Transaction ID: SB23.8783  
Date of Disbursement

11 / 18 / 2008

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
GRIFFITH FOR CONGRESS

Mailing Address P.O. BOX 2916

City HUNTSVILLE State AL Zip Code 35804

Purpose of Disbursement CONTRIBUTION

Candidate Name R. PARKER GRIFFITH

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: AL District: 05

Transaction ID: SB23.8749  
Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

2000.00

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

6000.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) JEANNE SHAHEEN FOR SENATE <hr/> Mailing Address P.O. BOX 1510 <hr/> City MANCHESTER State NH Zip Code 03105 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JEANNE SHAHEEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8744 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS <hr/> Mailing Address P.O. BOX 45444 <hr/> City PHOENIX State AZ Zip Code 85064 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name JOHN SHADEGG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8745 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS <hr/> Mailing Address P.O. BOX 2334 <hr/> City DENTON State TX Zip Code 76202 <hr/> Purpose of Disbursement CONTRIBUTION Candidate Name DR. MICHAEL C. BURGESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8746 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<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)

PAGE 21 / 22

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS</p> <p>Mailing Address 8150 WEST EMERALD STREET</p> <p>City BOISE State ID Zip Code 83704</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name WALTER C. MINNICK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8747</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 235 MONTGOMERY STREET</p> <p>City SAN FRANCISCO State CA Zip Code 94104</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name NANCY PELOSI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8748</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 3176</p> <p>City LONG BRANCH State NJ Zip Code 07740</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRANK PALLONE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.8701</p> <p>Date of Disbursement 10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

8500.00

**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.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH		Transaction ID: SB23.8751	
	Mailing Address P.O. BOX 1940		Date of Disbursement 10 / 20 / 2008	
City ERIE		State PA	Zip Code 16507	
Purpose of Disbursement CONTRIBUTION			Amount of Each Disbursement this Period 2000.00	
Candidate Name PHILIP S. ENGLISH			Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: PA District: 03				

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

2000.00

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

37000.00