

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 _____ in the State of _____

5. Covering Period 08 01 2009 through 08 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 09 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									
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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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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"><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	80841.69									
(c) Total Receipts (from Line 19)	26430.00	119515.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107271.69	200396.38								
7. Total Disbursements (from Line 31)	3354.36	96479.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103917.33	103917.33								
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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	8

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)	25460.00	113650.00
(ii) Unitemized	970.00	5865.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	26430.00	119515.00
(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)	26430.00	119515.00
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))	26430.00	119515.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26430.00	119515.00

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.....	854.36	3979.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	854.36	3979.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	92500.00
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))..	3354.36	96479.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3354.36	96479.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 23

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)	26430.00	119515.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26430.00	119515.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	854.36	3979.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	854.36	3979.05

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 23
(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

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. Alvan W. Atkinson

Mailing Address 1505 Old Crows Road

City State Zip Code
Knightdale NC 27545

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.9268

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Nicholas V. Augelli

Mailing Address 3232 Valleywynds Drive

City State Zip Code
Bettendorf IA 52722

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

Name of Employer Genesis Health System Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: SA11AI.9245

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Dr. William A. Baumgartner

Mailing Address 2 Malvern Court

City State Zip Code
Baltimore MD 21204

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

Name of Employer Johns Hopkins University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.9246

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 7 / 23
(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. Allan M. Brants

Mailing Address 4101 West Conejos Place

City State Zip Code
Denver CO 80204

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

Name of Employer C.V.S. - Thoracic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.9247

Amount of Each Receipt this Period
500.00

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

Mailing Address 2800 North Sheridan Road

City State Zip Code
Chicago IL 60657

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

Name of Employer Lincoln Park Cardiovascular Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.9235

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Larry D. Bucshon

Mailing Address 10211 Lincoln Avenue

City State Zip Code
Newburgh IN 47630

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

Name of Employer St. Mary's Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: SA11AI.9248

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 / 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Jeffrey T. Cope		Date of Receipt	
	Mailing Address P.O. Box 3555		M M / D D / Y Y Y Y Y 08 / 05 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.9223
	Lancaster	PA	17604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer CT Surgeons of Lancaster		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. Alphonse DeLucia		Date of Receipt	
	Mailing Address 9734 West Gull Lake Drive		M M / D D / Y Y Y Y Y 08 / 12 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.9250
	Richland	MI	49083	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
Name of Employer Paragon Health		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		400.00		

C.	Full Name (Last, First, Middle Initial) Dr. David W. Frantz		Date of Receipt	
	Mailing Address 2410 Atherholt Road		M M / D D / Y Y Y Y Y 08 / 19 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.9262
	Lynchburg	VA	24501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Centra Health		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)	▶	1400.00
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 / 23
(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. James C. Gilmore

Mailing Address 611 Alcorn Drive

City State Zip Code
Corinth MS 38834

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

Name of Employer Magnolia Regional Health Care
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.9287

Amount of Each Receipt this Period
1000.00

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

Mailing Address 270-05 76th Street

City State Zip Code
New Hyde Park NY 11040

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

Name of Employer Long Island Jewish Medical
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.9288

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. William C. Hall

Mailing Address 108 Dansworth Lane

City State Zip Code
Oak Ridge TN 37830

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

Name of Employer East Tennessee CV Surgery
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.9277

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 23
(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. Michael P. Halpin

Mailing Address 2317 Crosswind Drive

City State Zip Code
Kalamazoo MI 49008

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: 08 / 28 / 2009
Transaction ID: SA11AI.9278
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. John R. Handy

Mailing Address 16955 Old River Drive

City State Zip Code
Lake Oswego OR 97034

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

Name of Employer Providence Thoracic Oncology Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 19 / 2009
Transaction ID: SA11AI.9271
Amount of Each Receipt this Period: 1000.00

C. 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 Pennsylvania Cardiothoracic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 28 / 2009
Transaction ID: SA11AI.9279
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23
(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. 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 Southern Texas Physicians Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.9237

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. William E. Johnson

Mailing Address 6409 Tokeneak Trail

City State Zip Code
Mobile AL 36695

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

Name of Employer CTV Surgical Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.9252

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Fraser M. Keith

Mailing Address 742 Glendale Boulevard

City State Zip Code
Mansfield OH 44907

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

Name of Employer MedCentral Health System Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.9280

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 12 / 23
	<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. Steven M. Keller	Date of Receipt MM / DD / YYYY 08 / 19 / 2009
	Mailing Address 17 Harlan Drive	Transaction ID: SA11AI.9272
	City State Zip Code New Rochelle NY 10804	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Montefiore Medical Center Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Dr. M. Michael Khaghany	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 1722 Shaffer Street	Transaction ID: SA11AI.9289
	City State Zip Code Kalamazoo MI 49048	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Paragon Health 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. John F. Krahnert	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 1600 Morganton Road	Transaction ID: SA11AI.9253
	City State Zip Code Pinehurst NC 28374	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation First Health of the Carolinas Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 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 13 / 23
(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. Thomas J. Langdon

Mailing Address 9850 Nicholas Street

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Omaha Thoracic and Cardio Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 08 / 19 / 2009
Transaction ID: SA11AI.9263
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Dr. Gholam R. Mohammadzadeh

Mailing Address 16255 Ventura Boulevard

City State Zip Code
Encino CA 91436

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

Name of Employer Occupation
Self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 19 / 2009
Transaction ID: SA11AI.9266
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. R. Jeffrey Morelock

Mailing Address 7169 Torrey Street

City State Zip Code
Arvada CO 80007

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

Name of Employer Occupation
CVS-Thoracic and CV Surgeons Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 12 / 2009
Transaction ID: SA11AI.9256
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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 14 / 23

(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

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. Alexander H. Moskovitz

Mailing Address 6597 Jeremie Drive

City State Zip Code
San Jose CA 95120

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

Name of Employer Occupation
Kaiser Permanente Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.9281

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Dr. Michael C. Murphy

Mailing Address 217 Linden Avenue

City State Zip Code
Clayton MO 63105

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

Name of Employer Occupation
CTV Surgery Physician

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

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.9225

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 State Zip Code
Rockford IL 61114

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

Name of Employer Occupation
Swedish American Hospital Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.9290

Amount of Each Receipt this Period
100.00

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 15 / 23
(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. David A. Ott

Mailing Address P.O. Box 20345

City State Zip Code
Houston TX 77225

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.9238

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Edward W. Pottmeyer

Mailing Address 2240 Court Street

City State Zip Code
Redding CA 96001

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
MM / DD / YYYY
08 / 12 / 2009

Transaction ID: SA11AI.9257

Amount of Each Receipt this Period
3000.00

C.

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

Mailing Address 148 Tennyson Drive

City State Zip Code
Longmeadow MA 01106

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

Name of Employer Baystate Medical Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2009

Transaction ID: SA11AI.9240

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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 16 / 23
(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. John R. Rowles

Mailing Address 933 Red Apple Road

City State Zip Code
Wenatchee WA 98801

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

Name of Employer
 Sacred Heart Medical Center

Occupation
 Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009

Transaction ID: SA11AI.9241

Amount of Each Receipt this Period
 250.00

B.

Full Name (Last, First, Middle Initial)
 Dr. Mark F. Sand

Mailing Address 217 Hillcrest Street

City State Zip Code
Orlando FL 32801

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

Name of Employer
 Cardiovascular Surgeons, P.A.

Occupation
 Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 05 / 2009

Transaction ID: SA11AI.9243

Amount of Each Receipt this Period
 1000.00

C.

Full Name (Last, First, Middle Initial)
 Dr. Larry W. Schorn

Mailing Address 1203 Travis Circle North

City State Zip Code
Irving TX 75038

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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 12 / 2009

Transaction ID: SA11AI.9258

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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 17 / 23
(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. Paul E. Seifert

Mailing Address 2160 Serene Circle

City State Zip Code
Brookfield WI 53045

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 28 / 2009

Transaction ID: SA11AI.9283

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)
Dr. John O. Thayer

Mailing Address 1000 Asylum Avenue

City State Zip Code
Avon CT 06105

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

Name of Employer Cardiothoracic Surgery, PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.9264

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Bruce M. Toporoff

Mailing Address 1700 North Rose Avenue

City State Zip Code
Oxnard CA 93030

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
MM / DD / YYYY
08 / 19 / 2009

Transaction ID: SA11AI.9267

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1765.00**

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 18 / 23
(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 F. Tranbaugh

Mailing Address 1105 Park Avenue

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Beth Israel Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 05 / 2009
Transaction ID: SA11AI.9226
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. J. Michael Tucek

Mailing Address 421 Westminster Drive

City State Zip Code
Burr Ridge IL 60527

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

Name of Employer Occupation
Cardiac Surgery Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 12 / 2009
Transaction ID: SA11AI.9259
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Benjamin M. Westbrook

Mailing Address 50 County Road

City State Zip Code
Bedford NH 03110

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

Name of Employer Occupation
CT Surgical Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 12 / 2009
Transaction ID: SA11AI.9260
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 19 / 23
(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. George L. Zorn, Jr.		Date of Receipt																					
	Mailing Address 4320 Wornall Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		0	5		2	0	0	9														
	City	State	Zip Code	Transaction ID: SA11AI.9233																				
Kansas City	MO	64111	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		500.00																					
Name of Employer Kansas University Medical	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)	500.00
TOTAL This Period (last page this line number only)	25460.00

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9210</p> <p>Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 123.99</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9276</p> <p>Date of Disbursement 08 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 48.75</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9285</p> <p>Date of Disbursement 08 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 4.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

177.69

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 21 / 23

<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

<p>A. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9244 Date of Disbursement 08 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 460.71</p>
<p>B. Full Name (Last, First, Middle Initial) SunTrust</p> <p>Mailing Address 3440 Wisconsin Avenue, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9273 Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 30.03</p>
<p>C. Full Name (Last, First, Middle Initial) SunTrust</p> <p>Mailing Address 3440 Wisconsin Avenue, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.9274 Date of Disbursement 08 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 37.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

528.49

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 22 / 23

<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

Transaction ID: SB21B.9275
Date of Disbursement

Mailing Address 3440 Wisconsin Avenue, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	9

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

148.18

Purpose of Disbursement
Bank Charges
Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

148.18

TOTAL This Period (last page this line number only)

854.36

**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 23 / 23

<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>A. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER</p> <p>Mailing Address 236 MASSACHUSETTS AVENUE, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement VOID 04/21/2009 CONTRIBUTION</p> <p>Candidate Name ARLEN SPECTER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9211 Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period -1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER</p> <p>Mailing Address 236 MASSACHUSETTS AVENUE, NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name ARLEN SPECTER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9212 Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. BOX 425</p> <p>City ROSWELL State GA Zip Code 30077</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name THOMAS E. PRICE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9213 Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

2500.00