

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 01 01 2007 through 06 30 2007

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 07 18 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		37425.16
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	37425.16									
(c) Total Receipts (from Line 19)	118705.00	118705.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	156130.16	156130.16								
7. Total Disbursements (from Line 31)	113095.55	113095.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43034.61	43034.61								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	115170.00	115170.00
(i) Itemized (use Schedule A)	3535.00	3535.00
(ii) Unitemized	118705.00	118705.00
(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) ▶	118705.00	118705.00
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))	118705.00	118705.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	118705.00	118705.00

DETAILED SUMMARY PAGE
of Disbursements

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.....	2595.55	2595.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2595.55	2595.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	110500.00	110500.00
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))..	113095.55	113095.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	113095.55	113095.55

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)	118705.00	118705.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	118705.00	118705.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2595.55	2595.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2595.55	2595.55

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Kevin D. Accola		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 5101 Cranes Point Court		Transaction ID: SA11A1.7270
City State Zip Code Orlando FL 32839	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiovascular Surgeons	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Lishan Aklog		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7
Mailing Address 6216 East Shea Boulevard		Transaction ID: SA11A1.7515
City State Zip Code Scottsdale AZ 85254	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Joseph's Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Edmund P. Alexander		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 6 Weems Creek Drive		Transaction ID: SA11A1.7216
City State Zip Code Annapolis MD 21401	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer George Washington University	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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 77
	<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. Richard C. Anderson

Mailing Address 420 Northeast Glen Oak Avenue

City Peoria State IL Zip Code 61603

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

Name of Employer Peoria Surgical Group 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 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7228

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Giorgio M. Aru

Mailing Address 2500 North State Street

City Jackson State MS Zip Code 39216

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

Name of Employer University of Mississippi 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
 0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.7517

Amount of Each Receipt this Period
 365.00

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

Mailing Address 3232 Valleywynds Drive

City Bettendorf State IA Zip Code 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
 M M / D D / Y Y Y Y Y
 0 6 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.7498

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 77
	<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. Joseph S. Auteri

Mailing Address 116 Sleepy Point Way

City State Zip Code
Suffolk VA 23435

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

Name of Employer Occupation
Bon Secours Heart Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2007

Transaction ID: SA11A1.7389

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Carl L. Backer

Mailing Address 1106 Sunset Road

City State Zip Code
Winnetka IL 60093

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

Name of Employer Occupation
Children's Surgical Foundation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7249

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert T. Baldwin

Mailing Address 3325 Chevy Chase Drive

City State Zip Code
Houston TX 77019

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

Name of Employer Occupation
Texas Surgical Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: SA11A1.7360

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 77
	<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. Michael K. Banbury

Mailing Address P.O. Box 249

City State Zip Code
Rockland DE 19732

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

Name of Employer
Christiana Care Health System

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 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7251

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1201 Sam Perry Boulevard

City State Zip Code
Fredericksburg VA 22401

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

Name of Employer
Medicorp

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 1 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.7184

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph E. Bavaria

Mailing Address 504 West Allens Lane

City State Zip Code
Philadelphia PA 19119

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

Name of Employer
University of Pennsylvania

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 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7264

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 77
	<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 M. Beaver

Mailing Address 9605 Southwest 33rd Lane

City Gainesville State FL Zip Code 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
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7271

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. John H. Bell

Mailing Address 1212 Regency Woods Place

City Lynchburg State VA Zip Code 24503

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

Name of Employer Centra Health Cardio Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7302

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas V. Bilfinger

Mailing Address 7 Daniel Way

City Setauket State NY Zip Code 11733

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

Name of Employer SUNY at Stony Brook Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2007

Transaction ID: SA11A1.7482

Amount of Each Receipt this Period
365.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 77
	<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. Shanda H. Blackmon

Mailing Address 3741 Robinhood Street

City State Zip Code
Houston TX 77005

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

Name of Employer Occupation
The Methodist Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7272

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert C. Blankenship

Mailing Address 2447 East 26th Place

City State Zip Code
Tulsa OK 74114

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

Name of Employer Occupation
St. John Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7537

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. R. Morton Bolman, III

Mailing Address 64 Beethoven Avenue

City State Zip Code
Waban MA 02468

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

Name of Employer Occupation
Brigham and Women's Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7304

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 77
	<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. Mary J. Boylan

Mailing Address 1201 Denney Drive

City State Zip Code
Duluth MN 55805

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

Name of Employer St. Luke's Hospital 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 1 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.7189

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Preben Brandenhoff

Mailing Address 1950 Clay Street

City State Zip Code
San Francisco CA 94109

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
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7229

Amount of Each Receipt this Period
500.00

C. 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
M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.7540

Amount of Each Receipt this Period
365.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 77
	<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. Walter L. Bringaze

Mailing Address 6635 Pikes Lane

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer CVT Surgical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: SA11A1.7369

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. John W. Brown

Mailing Address 545 Barnhill Drive

City State Zip Code
Indianapolis IN 46202

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

Name of Employer Indiana University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7253

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jim Burdine

Mailing Address 3040 35th Avenue South

City State Zip Code
Fargo ND 58103

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

Name of Employer Merit Care Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2007

Transaction ID: SA11A1.7211

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. John H. Calhoon		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 24 Arnold Palmer		Transaction ID: SA11A1.7274	
City State Zip Code San Antonio TX 78257-1274	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer UTHSCSA Dept. of Surgery	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Andrea J. Carpenter		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7	
Mailing Address 7703 Floyd Curl Drive		Transaction ID: SA11A1.7361	
City State Zip Code San Antonio TX 78229-3900	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Texas	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael Caskey		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 7740 North Mockingbird Lane		Transaction ID: SA11A1.7231	
City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation 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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 77
	<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. W. Randolph Chitwood

Mailing Address 146 Longmeadow Road

City State Zip Code
Greenville NC 27858

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

Name of Employer East Carolina University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7265

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark W. Connolly

Mailing Address 111 Central Avenue

City State Zip Code
Newark NJ 07102

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

Name of Employer Cathedral Healthcare Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7518

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2903 Mount Snow Court

City State Zip Code
Ellicott City MD 21042

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

Name of Employer Johns Hopkins Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: SA11A1.7365

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 77
	<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. George N. Cooper

Mailing Address 840 Greenwich Avenue

City State Zip Code
Warwick RI 02886

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
02 / 06 / 2007

Transaction ID: SA11A1.7275

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Joel D. Cooper

Mailing Address 3400 Spruce Street

City State Zip Code
Philadelphia PA 19104

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

Name of Employer University of Pennsylvania Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2007

Transaction ID: SA11A1.7218

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Joel D. Cooper

Mailing Address 3400 Spruce Street

City State Zip Code
Philadelphia PA 19104

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

Name of Employer University of Pennsylvania Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: SA11A1.7430

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 77
	<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. William A. Cooper

Mailing Address 180 Wynfield Way Southwest

City Atlanta State GA Zip Code 30331

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

Name of Employer Emory Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7277

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Joseph S. Coselli

Mailing Address 3942 Del Monte

City Houston State TX Zip Code 77015

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

Name of Employer Baylor College of Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7267

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas A. D'Amico

Mailing Address 4114 Thetford Road

City Durham State NC Zip Code 27707

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

Name of Employer Duke University Medical Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: SA11A1.7397

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 77
	<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. John C. Darrell

Mailing Address 1800 Creek Run Lane

City Lebanon State PA Zip Code 17042

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

Name of Employer Cardiovascular Surgical Asso
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2007

Transaction ID: SA11A1.7197

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Hakob G. Davtyan

Mailing Address 651 Fairway Drive

City Redlands State CA Zip Code 92373

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

Name of Employer IESA
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2007

Transaction ID: SA11A1.7191

Amount of Each Receipt this Period
250.00

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

Mailing Address 2015 Sycamore Hills Drive

City Fort Wayne State IN Zip Code 46814

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

Name of Employer Indiana/Ohio Heart
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7541

Amount of Each Receipt this Period
365.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 77
	<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. Patrick A. DeValeria

Mailing Address 11433 East Mission Lane

City State Zip Code
Scottsdale AZ 85259

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

Name of Employer Occupation
Mayo Foundation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7255

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence J. Duke

Mailing Address 62 Paseo Mirasol

City State Zip Code
Tiburon CA 94920

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2007

Transaction ID: SA11A1.7190

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Cornelius M. Dyke

Mailing Address 966 Cloister Drive

City State Zip Code
Gastonia NC 28056

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

Name of Employer Occupation
CaroMont Health Systems Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2007

Transaction ID: SA11A1.7219

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 77
	<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. Gary F. Earle

Mailing Address 913 Wishbone Circle

City Lexington State KY Zip Code 40502

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

Name of Employer CV and Thoracic Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7305

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Henry L. Edmunds

Mailing Address 130 North Roberts Road

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer University of Pennsylvania Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7279

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Rick A. Esposito

Mailing Address 4 Hamilton Road

City Harrison State NY Zip Code 10528

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

Name of Employer North Shore University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7519

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Richard H. Feins		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 10424 Stone		Transaction ID: SA11A1.7280	
City Chapel Hill	State NC	Zip Code 27517	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer UNC	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark K. Ferguson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 5772 South Garfield Avenue		Transaction ID: SA11A1.7523	
City Hinsdale	State IL	Zip Code 60521	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Chicago	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Victor A. Ferraris		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 800 Rose Street		Transaction ID: SA11A1.7186	
City Lexington	State KY	Zip Code 40536	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Kentucky	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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. John E. Fetter		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 1231 South Ridge Road		Transaction ID: SA11A1.7233	
City State Zip Code Duluth MN 55804	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duluth Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Kenneth A. Fox		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 1010 West 40th Street		Transaction ID: SA11A1.7525	
City State Zip Code Austin TX 78756	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. William H. Frist		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 703 Bowling Avenue		Transaction ID: SA11A1.7355	
City State Zip Code Nashville TN 37203	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 77
	<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. Ralph J. Galdieri

Mailing Address 3070 North 51st Street

City State Zip Code
Milwaukee WI 53210

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

Name of Employer Occupation
Wisconsin Heart Group Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: SA11A1.7508

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard L. Gerety

Mailing Address 5411 Eakes Road, Northwest

City State Zip Code
Albuquerque NM 87107

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

Name of Employer Occupation
New Mexico Heart Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7316

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey P. Gold

Mailing Address 3045 Arlington Avenue

City State Zip Code
Toledo OH 10467

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

Name of Employer Occupation
University of Toledo Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7281

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Mark T. Grattan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 609 Ahakea Street		Transaction ID: SA11A1.7220
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Straub Clinic and Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Frederick L. Grover		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 4200 East 9th Avenue		Transaction ID: SA11A1.7282
City Denver	State CO	Zip Code 80262-3706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer University of Colorado	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Dr. Kristine Guleserian		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 4021 Travis Street		Transaction ID: SA11A1.7283
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer UT Southwestern Medical Center	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)	▶	2615.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 77
	<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. Robert A. Guyton

Mailing Address 1088 Lallwater Road

City Atlanta State GA Zip Code 30307

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

Name of Employer The Emory Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7285

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. George B. Haasler

Mailing Address S52W25220 Poppy Fields Road

City Wawkesha State WI Zip Code 53189

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

Name of Employer Medical College of Wisconsin Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7309

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1001 Dalton Road

City Lewisville State NC Zip Code 27023

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

Name of Employer Wake Forest University Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7311

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 77
	<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 L. Harlan

Mailing Address 2748 Abingdon Road

City Birmingham State AL Zip Code 35243

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
02 / 06 / 2007

Transaction ID: SA11A1.7288

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. James E. Harrell

Mailing Address 4604 7th Street

City Lubbock State TX Zip Code 79416

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

Name of Employer Covenant Medical Group Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7286

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Lynn H. Harrison

Mailing Address 4 Paul Revere Road

City Worcester State MA Zip Code 01609

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

Name of Employer UMass Memorial Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: SA11A1.7499

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 77
	<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. Cynthia S. Herrington

Mailing Address 2800 Inglewood Avenue South

City State Zip Code
St. Louis Park MN 55416

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

Name of Employer Occupation
University of Minnesota 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 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.7312

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard J. Heuer

Mailing Address 8 Foresthills Court

City State Zip Code
Ashland KY 41101

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
M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.7314

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. George L. Hicks

Mailing Address 601 Elmwood Avenue

City State Zip Code
Rochester NY 14642

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

Name of Employer Occupation
University of Rochester 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 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7234

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 77
	<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)
Mr. J. Michael Hogan

Mailing Address 4648 24th Street, North

City State Zip Code
Arlington VA 22207

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

Name of Employer Society of Thoracic Surgeons
Occupation Director of Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7289

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Marshall L. Jacobs

Mailing Address 6019 Goshier Road

City State Zip Code
Newton Square PA 19073

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

Name of Employer St. Christopher's Hospital
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7254

Amount of Each Receipt this Period
250.00

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

Mailing Address 719 Bent Tree Court

City State Zip Code
Coppell TX 75019

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

Name of Employer University of Texas SW
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2007

Transaction ID: SA11A1.7221

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. R. Kent Jex		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 6600 South 66th Street		Transaction ID: SA11A1.7290
City State Zip Code Lincoln NE 68516-3656	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Nebraska Heart Institute	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. Dr. Rajeev Kathuria		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address 7213 North 70th Street		Transaction ID: SA11A1.7235
City State Zip Code Paradise Valley AZ 85253	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. James P. Kelly		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 707 North Michigan		Transaction ID: SA11A1.7268
City State Zip Code South Bend IN 46601	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiothoracic Surgery, PC	Occupation 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) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 77
	<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. Robert C. King

Mailing Address 2771 Hemlock Street

City State Zip Code
Bremerton WA 98310

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

Name of Employer Occupation
Harrison Medical Center 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
06 / 25 / 2007

Transaction ID: SA11A1.7526

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Merick S. Kirshner

Mailing Address 6001 East Berneis Lane

City State Zip Code
Phoenix AZ 85253

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

Name of Employer Occupation
Southwest Heart and Lung 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
01 / 29 / 2007

Transaction ID: SA11A1.7240

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey B. Kramer

Mailing Address 3901 Rainbow Boulevard

City State Zip Code
Kansas City KS 66103

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

Name of Employer Occupation
Kansas University Hospital 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
01 / 30 / 2007

Transaction ID: SA11A1.7259

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 77
	<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. Stephen J. Lahey

Mailing Address 4802 10th Avenue

City State Zip Code
Brooklyn NY 11219

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

Name of Employer Occupation
Maimonides Medical Center 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 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7242

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Raj B. Lal

Mailing Address 2809 Meyers Road

City State Zip Code
Oakbrook IL 60523

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

Name of Employer Occupation
Retired 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
0 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.7291

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher L. Leach

Mailing Address 118 Ridgewood Drive

City State Zip Code
Onalaska WI 54650

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

Name of Employer Occupation
Gunderson Lutheran Medical 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 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.7527

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 77
	<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. Sidney Levitsky

Mailing Address 165 Tremont Street

City State Zip Code
Boston MA 02111

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

Name of Employer Occupation
Harvard Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7292

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Mitchell D. Lirtzman

Mailing Address 121 Oakforest Drive

City State Zip Code
Lafayette LA 70501

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

Name of Employer Occupation
Cardiovascular Inst. of South Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: SA11A1.7362

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. James J. Livesay

Mailing Address 3670 Inwood Drive

City State Zip Code
Houston TX 77019

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

Name of Employer Occupation
Surgical Associates of Texas Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: SA11A1.7370

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Joseph Locicero, III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 4802 Tenth Street		Transaction ID: SA11A1.7194	
City Brooklyn	State NY	Zip Code 11219	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Maimonides Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Michael J. Mack		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 7777 Forest Lane		Transaction ID: SA11A1.7535	
City Dallas	State TX	Zip Code 75230	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			
Name of Employer CSANT	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Dr. James C. MacMillan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 1540 Florida Avenue		Transaction ID: SA11A1.7296	
City Modesto	State CA	Zip Code 95350	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Valley Heart Surgeons	Occupation 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) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 77		
	<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

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

A. Full Name (Last, First, Middle Initial)
Dr. Frank Manetta

Mailing Address 26 Astro Place

City State Zip Code
Dix Hills NY 11746

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7529

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Douglas J. Mathisen

Mailing Address 60 Pine Street

City State Zip Code
Dover MA 02030

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

Name of Employer Surgical Associates- MGH Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7293

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas L. Matthew

Mailing Address 7105 Quiet Retreat Court

City State Zip Code
Niwot CO 80503

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

Name of Employer Bolder Valley Thoracic and CV Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2007

Transaction ID: SA11A1.7364

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Constantine Mavroudis		Date of Receipt MM / DD / YYYY 02 / 16 / 2007
Mailing Address 2300 Children's Plaza		Transaction ID: SA11A1.7373
City Chicago	State IL	Zip Code 60614
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Children's Memorial Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. John E. Mayer		Date of Receipt MM / DD / YYYY 02 / 06 / 2007
Mailing Address 300 Longwood Avenue		Transaction ID: SA11A1.7294
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Children's Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John E. Mayer		Date of Receipt MM / DD / YYYY 02 / 06 / 2007
Mailing Address 300 Longwood Avenue		Transaction ID: SA11A1.7317
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer Children's Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Frederick A. Meadors		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 2 Shackleford West Boulevard		Transaction ID: SA11A1.7295	
City State Zip Code Little Rock AR 72211	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CV Surgeons, P.A.	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Tomislav Mihaljevic		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 34000 Cedar Road		Transaction ID: SA11A1.7548	
City State Zip Code Gates Mills OH 44040	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Daniel L. Miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 7	
Mailing Address 1365 Clifton Road, Northeast		Transaction ID: SA11A1.7531	
City State Zip Code Atlanta GA 30322	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Emory University Clinic	Occupation 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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 77 (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. Jeffrey C. Milliken Mailing Address 14 Fairwind City State Zip Code Newport Coast CA 92657 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7 Transaction ID: SA11A1.7192 Amount of Each Receipt this Period 500.00
Name of Employer Occupation University of California Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr. Ahamed S. Moideen Mailing Address 146-01 45th Avenue City State Zip Code Flushing NY 11355 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7 Transaction ID: SA11A1.7501 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Flushing Hospital Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr. Brian D. Mott Mailing Address 16 Woodridge Circle City State Zip Code Clarks Summit PA 18411 FEC ID number of contributing federal political committee. C	Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7 Transaction ID: SA11A1.7261 Amount of Each Receipt this Period 500.00
Name of Employer Occupation Premiere Surgical Physician Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 77		
	<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

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

A. Full Name (Last, First, Middle Initial)
Dr. Xavier R. Mousset

Mailing Address 3223 Henderson Bayou Road

City State Zip Code
Lake Charles LA 70605

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

Name of Employer: Cardiothoracic Surg. of South
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2007

Transaction ID: SA11A1.7203

Amount of Each Receipt this Period
1000.00

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

Mailing Address 217 Linden Avenue

City State Zip Code
Saint Louis MO 63105

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

Name of Employer: CTV Surgery
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2007

Transaction ID: SA11A1.7262

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gordon F. Murray

Mailing Address 4217 Skeffington Court

City State Zip Code
South Port NC 28461

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7549

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Edmund Nagem		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 155 Hospital Drive		Transaction ID: SA11A1.7550	
City State Zip Code Lafayette LA 70503-2852	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Clinic Inc	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Keith S. Naunheim		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2007	
Mailing Address 52 Middlesex Drive		Transaction ID: SA11A1.7297	
City State Zip Code St. Louis MO 63144	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Louis University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Quynh Nguyen		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2007	
Mailing Address 1090 East Desert Inn Road		Transaction ID: SA11A1.7298	
City State Zip Code Las Vegas NV 89109	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Surg Assoc.	Occupation 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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 40 / 77
	<input checked="" 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

Full Name (Last, First, Middle Initial) A. Dr. Mervin B. O'Neil		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address P.O. Box 255511		Transaction ID: SA11A1.7503	
City State Zip Code Sacramento CA 95865	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer TPMG	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark B. Orringer		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2007	
Mailing Address 1389 Towsley Lane		Transaction ID: SA11A1.7204	
City State Zip Code Ann Arbor MI 48105	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Michigan	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Grant V. Parr		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 75 Picatinny Road		Transaction ID: SA11A1.7551	
City State Zip Code Morristown NJ 07960	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Atlantic Health Systems	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 77
	<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. G. Alexander Patterson

Mailing Address 18 Southmoor Drive

City Clayton State MO Zip Code 63105

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

Name of Employer Washington University 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 1 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.7243

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard N. Pierson, III

Mailing Address 1402 Locust Avenue

City Ruxton State MD Zip Code 21204

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

Name of Employer University of Maryland 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 2 / 0 6 / 2 0 0 7

Transaction ID: SA11A1.7300

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Christian Pizarro

Mailing Address 24 Bullock Road

City Chadds Ford State PA Zip Code 19317

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

Name of Employer Alfred I. duPont Hospital 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 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.7552

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Maurice Pockey		Date of Receipt MM / DD / YYYY 02 / 06 / 2007
Mailing Address 8212 Turtle Creek Circle		Transaction ID: SA11A1.7339
City Las Vegas	State NV	Zip Code 89113
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Cardiovascular Surgery As-soc.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Richard L. Prager		Date of Receipt MM / DD / YYYY 03 / 23 / 2007
Mailing Address 3301 Timberwood Lane		Transaction ID: SA11A1.7428
City Ann Arbor	State MI	Zip Code 48103-1769
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer University of Michigan	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. John D. Puskas		Date of Receipt MM / DD / YYYY 01 / 29 / 2007
Mailing Address 854 Carlton Ridge Northeast		Transaction ID: SA11A1.7244
City Atlanta	State GA	Zip Code 30342
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Emory University	Occupation 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)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 77
	<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. Ronald R. Quinton

Mailing Address 525 Lilly Road, Northeast

City Olympia State WA Zip Code 98506

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

Name of Employer Olympia Cardiac Surgery Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 25 / 2007

Transaction ID: SA11A1.7532

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Carolyn E. Reed

Mailing Address 39 Broughton Road

City Charleston State SC Zip Code 29407

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

Name of Employer Medical Univ of SC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 04 / 2007

Transaction ID: SA11A1.7195

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Carolyn E. Reed

Mailing Address 39 Broughton Road

City Charleston State SC Zip Code 29407

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

Name of Employer Medical Univ of SC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
02 / 16 / 2007

Transaction ID: SA11A1.7375

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 77
	<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. Jeffrey B. Rich

Mailing Address 1325 North Bay Shore Drive

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer: Mid-Atlantic Cardiac Surgeons
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7340

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. C. Swayze Rigby

Mailing Address 920 Woodgate Boulevard

City State Zip Code
Baton Rouge LA 70808

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

Name of Employer: CVT Surgical Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: SA11A1.7431

Amount of Each Receipt this Period
1000.00

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

Mailing Address 725 24th Street

City State Zip Code
Santa Monica CA 90402

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

Name of Employer: Saint John's Health Center
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7553

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Todd K. Rosengart		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2007	
Mailing Address 1016 Brittany Road		Transaction ID: SA11A1.7413	
City Highland Park	State IL	Zip Code 60035-3952	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Evanston Northwestern Health	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. John A. Rousou		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007	
Mailing Address 148 Tennyson Drive		Transaction ID: SA11A1.7533	
City Longmeadow	State MA	Zip Code 01106	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Baystate Medical Center	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. William H. Ryan		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2007	
Mailing Address 464 Kelsey Road		Transaction ID: SA11A1.7357	
City Dallas	State TX	Zip Code 75229	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer CSANT	Occupation 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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 77
	<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. Edward Y. Sako

Mailing Address 8760 Comanche Gap

City State Zip Code
San Antonio TX 78255

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7341

Amount of Each Receipt this Period
500.00

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
MM / DD / YYYY
01 / 29 / 2007

Transaction ID: SA11A1.7245

Amount of Each Receipt this Period
1000.00

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

Mailing Address 12772 Devon Lane

City State Zip Code
Carmel IN 46032

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

Name of Employer Corvasc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: SA11A1.7371

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 77
	<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. Andrew M. Schwartz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 11312 West 121 Terrace		Transaction ID: SA11A1.7342
City State Zip Code Overland Park KS 66213	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Shawnee Mission Medical Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. Steven S. Scott		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address 11030 Warwick Boulevard		Transaction ID: SA11A1.7207
City State Zip Code Newport News VA 23601	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Riverside Medical Group	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. Michael E. Sekela		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 3361 Clear Creek Road		Transaction ID: SA11A1.7324
City State Zip Code Lexington KY 40356	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Surgical Assoc. of Lexington	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 77
	<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. Baldev S. Sekhon Mailing Address 2392 Winded Foot Drive City State Zip Code West Lake OH 44145 FEC ID number of contributing federal political committee. C Name of Employer Occupation Cleveland Clinic Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <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>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7237 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	2	9	/	2	0	0	7														
500.00																							

B. Full Name (Last, First, Middle Initial) Dr. David Shahian Mailing Address 31 Cresnet Lane City State Zip Code Sudbury MA 01776 FEC ID number of contributing federal political committee. C Name of Employer Occupation Surgical Associates-MGH Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <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>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7344 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	6	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	6	/	2	0	0	7														
500.00																							

C. Full Name (Last, First, Middle Initial) Dr. Richard J. Shemin Mailing Address 10388 Le Conte Avenue City State Zip Code Los Angeles CA 90095 FEC ID number of contributing federal political committee. C Name of Employer Occupation UCLA Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <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>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.7346 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	6	/	2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	6	/	2	0	0	7														
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Norman A. Silverman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2007	
Mailing Address 11 Sycamore Lane		Transaction ID: SA11A1.7534	
City State Zip Code Grosse Pointe MI 78230		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Henry Ford Hospital Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Peter K. Smith		Date of Receipt M M / D D / Y Y Y Y Y 01 / 28 / 2007	
Mailing Address 201 Ukiah Lane		Transaction ID: SA11A1.7226	
City State Zip Code Chapel Hill NC 27514		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Duke University Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Alan J. Spotnitz		Date of Receipt M M / D D / Y Y Y Y Y 01 / 30 / 2007	
Mailing Address 47 Wakefield Lane		Transaction ID: SA11A1.7269	
City State Zip Code Piscataway NJ 08854		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation UMDNJ-RWJMS Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 77
	<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. T. Mark Stanfield

Mailing Address 91 Otter Lake Loop

City Hanson State KY Zip Code 42413

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

Name of Employer Heart and Vascular Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2007

Transaction ID: SA11A1.7205

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Thoralf M. Sundt

Mailing Address 1033 East Weatherhill Drive, SW

City Rochester State MN Zip Code 55902

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

Name of Employer Mayo Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7349

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Lars G. Svensson

Mailing Address 7793 Brigham Road

City Gates Mill State OH Zip Code 44040

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

Name of Employer Cleveland Clinic Foundation Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.7350

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 77
	<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. John O. Thayer

Mailing Address 1000 Asylum Avenue

City State Zip Code
Hartford CT 06105

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

Name of Employer Occupation
Cardiothoracic Surgery PC 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
06 / 22 / 2007

Transaction ID: SA11A1.7512

Amount of Each Receipt this Period
365.00

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 Occupation
Banner Health-North Colorado 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
01 / 12 / 2007

Transaction ID: SA11A1.7209

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Vander Salm

Mailing Address 33 Chesnut Street

City State Zip Code
Salem MA 01970

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

Name of Employer Occupation
Massachusetts General Hospital 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
02 / 06 / 2007

Transaction ID: SA11A1.7351

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2365.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 77
	<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. Salim M. Walji

Mailing Address P.O. Box 4488

City State Zip Code
Albuquerque NM 87196

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
01 / 29 / 2007

Transaction ID: SA11A1.7248

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas J. Watson

Mailing Address 625 Yale Court

City State Zip Code
Victor NY 14564

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

Name of Employer University of Rochester Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: SA11A1.7556

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Grayson H. Wheatley, III

Mailing Address 2632 North 20th Street

City State Zip Code
Phoenix AZ 85006

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

Name of Employer Arizona Heart Institute Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: SA11A1.7514

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 77
	<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

Full Name (Last, First, Middle Initial) A. Dr. Douglas E. Wood		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 1944 15th Avenue, East		Transaction ID: SA11A1.7353	
City State Zip Code Seattle WA 98112	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Washington	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Neil K. Worrall		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 122 West 7th Avenue		Transaction ID: SA11A1.7188	
City State Zip Code Spokane WA 99204	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest Heart and Lung	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Cameron D. Wright		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 7	
Mailing Address 21 Forest Street		Transaction ID: SA11A1.7504	
City State Zip Code Lexington MA 02421	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts General Hospital	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 77
	<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)
 Mr. Robert A. Wynbrandt

Mailing Address 921 Dryden Lane

City Highland Park State IL Zip Code 60035

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

Name of Employer Society of Thoracic Surgeons Occupation Executive Director

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 1 / 3 0 / 2 0 0 7

Transaction ID: SA11A1.7263

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
 Dr. George L. Zorn

Mailing Address 3116 Old Ivy Road

City Birmingham State AL Zip Code 35210-3609

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

Name of Employer University of Alabama 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 6 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.7558

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
 Dr. Douglas R. Zusman

Mailing Address 1 Turnberry Drive

City Newport Beach State CA Zip Code 92660

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

Name of Employer Raney and Zusman, Med Corp 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 3 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.7400

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	115170.00

**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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.7331	
Mailing Address P.O. Box 53852		Date of Disbursement 01 / 29 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.7330	
Mailing Address P.O. Box 53852		Date of Disbursement 01 / 30 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 110.63
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.7333	
Mailing Address P.O. Box 53852		Date of Disbursement 02 / 06 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 187.77
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	302.90
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 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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.7359	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 06 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 73.75
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.7376	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 15 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 73.75
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.7396	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 02 / 28 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	152.00
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 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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.7559	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 06 / 22 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 14.75
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.7560	
Mailing Address P.O. Box 53852		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 143.52
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: SB21B.7326	
Mailing Address 7300 Chapman Highway		Date of Disbursement MM / DD / YYYY 02 / 02 / 2007	
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period 400.92
Purpose of Disbursement Credit Card Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	559.19
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 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

Full Name (Last, First, Middle Initial) A. Merchant Services		Transaction ID: SB21B.7405 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 1144.26
City Knoxville State TN Zip Code 37920	Category/ Type	
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) ▼

Full Name (Last, First, Middle Initial) B. Merchant Services		Transaction ID: SB21B.7434 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 114.11
City Knoxville State TN Zip Code 37920	Category/ Type	
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) ▼

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: SB21B.7481 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 25.00
City Knoxville State TN Zip Code 37920	Category/ Type	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1283.37
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 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

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7497

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

33.37

SUBTOTAL of Disbursements This Page (optional)

33.37

TOTAL This Period (last page this line number only)

2330.83

**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

Full Name (Last, First, Middle Initial) A. ANNA ESHOO FOR CONGRESS		Transaction ID: SB23.7379	
Mailing Address 555 CAPITOL MALL		Date of Disbursement MM / DD / YYYY 02 / 26 / 2007	
City SACRAMENTO	State CA	Zip Code 95814	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name ANNA ESHOO			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 14		

Full Name (Last, First, Middle Initial) B. BECERRA FOR CONGRESS		Transaction ID: SB23.7437	
Mailing Address P.O. BOX 261060		Date of Disbursement MM / DD / YYYY 04 / 19 / 2007	
City LOS ANGELES	State CA	Zip Code 90026	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name XAVIER BECERRA			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 31		

Full Name (Last, First, Middle Initial) C. BLUE DOG POLITICAL ACTION COMMITTEE		Transaction ID: SB23.7469	
Mailing Address 6849 OLD DOMINION DRIVE		Date of Disbursement MM / DD / YYYY 05 / 02 / 2007	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	7000.00
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. CHARLES BOUSTANY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 80126

Transaction ID: SB23.7418

Date of Disbursement
03 / 23 / 2007

City LAFAYETTE State LA Zip Code 70598

Amount of Each Disbursement this Period
5000.00

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name
CHARLES W. BOUSTANY, JR.

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: LA District: 07

B. CHARLIE DENT FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 442

Transaction ID: SB23.7441

Date of Disbursement
04 / 19 / 2007

City ALLENTOWN State PA Zip Code 18105

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
CHARLES DENT

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 15

C. CONGRESSMAN JOE BARTON COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1444

Transaction ID: SB23.7436

Date of Disbursement
04 / 19 / 2007

City ENNIS State TX Zip Code 75120

Amount of Each Disbursement this Period
1500.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
JOE L. BARTON

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 06

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

Full Name (Last, First, Middle Initial) A. DAVE CAMP FOR CONGRESS 2008		Transaction ID: SB23.7440 Date of Disbursement																					
Mailing Address 5915 EASTMAN AVENUE		<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>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	9		2	0	0	7														
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name DAVID LEE CAMP		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI	District: 04																						

Full Name (Last, First, Middle Initial) B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Transaction ID: SB23.7410 Date of Disbursement																					
Mailing Address 430 SOUTH CAPITOL STREET SOUTHEAST		<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>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	5		2	0	0	7														
City WASHINGTON	State DC	Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																						

Full Name (Last, First, Middle Initial) C. DIANA DEGETTE FOR CONGRESS		Transaction ID: SB23.7378 Date of Disbursement																					
Mailing Address P.O. BOX 61337		<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>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	6		2	0	0	7														
City DENVER	State CO	Zip Code 80206	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name DIANA DEGETTE		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CO	District: 01																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.7470 Date of Disbursement
Mailing Address 25 EAST MAIN STREET		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City RICHMOND	State VA	Zip Code 23219
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.7489 Date of Disbursement
Mailing Address P.O. BOX 3197		<input type="text" value="06"/> / <input type="text" value="06"/> / <input type="text" value="2007"/>
City LITTLE ROCK	State AR	Zip Code 72203
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name BLANCHE LINCOLN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JAY ROCKEFELLER		Transaction ID: SB23.7449 Date of Disbursement
Mailing Address P.O. BOX 1909		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City CHARLESTON	State WV	Zip Code 25327
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name JOHN DAVISON IV ROCKEFELLER	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL 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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOHN TANNER		Transaction ID: SB23.7409 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address P.O. BOX 1994		Amount of Each Disbursement this Period 1000.00
City UNION CITY State TN Zip Code 38281	Purpose of Disbursement CONTRIBUTION Candidate Name JOHN S. TANNER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. GLACIER PAC		Transaction ID: SB23.7338 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 0 7
Mailing Address 818 CONNECTICUT AVENUE, NORTHWEST		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement CONTRIBUTION 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) ▼	
Category/Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. GLACIER PAC		Transaction ID: SB23.7471 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 818 CONNECTICUT AVENUE, NORTHWEST		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20006	Purpose of Disbursement CONTRIBUTION 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) ▼	
Category/Type		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

Full Name (Last, First, Middle Initial) A. GRASSLEY COMMITTEE INC		Transaction ID: SB23.7486 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 7
Mailing Address P.O. BOX 1000		Amount of Each Disbursement this Period 2500.00
City DES MOINES	State IA	
Zip Code 50304		
Purpose of Disbursement CONTRIBUTION		
Candidate Name CHARLES E. GRASSLEY		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District: 00		

Full Name (Last, First, Middle Initial) B. HOYER FOR CONGRESS		Transaction ID: SB23.7419 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 7905 MALCOLM ROAD		Amount of Each Disbursement this Period 5000.00
City CLINTON	State MD	
Zip Code 20735		
Purpose of Disbursement CONTRIBUTION		
Candidate Name STENY HAMILTON HOYER		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 05		

Full Name (Last, First, Middle Initial) C. JIM GERLACH FOR CONGRESS COMMITTEE		Transaction ID: SB23.7459 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P.O. BOX 87		Amount of Each Disbursement this Period 1000.00
City UWCHLAND	State PA	
Zip Code 19480		
Purpose of Disbursement CONTRIBUTION		
Candidate Name JIM GERLACH		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 06		

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)

<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

Full Name (Last, First, Middle Initial) A. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: SB23.7485 Date of Disbursement																					
Mailing Address 607 14TH STREET, NORTHWEST		<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>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	6		2	0	0	7														
City WASHINGTON	State DC	Zip Code 20005	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="5000.00"/>																				
Candidate Name JOHN DINGELL		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI District: 15																							

Full Name (Last, First, Middle Initial) B. JOHN SULLIVAN FOR CONGRESS		Transaction ID: SB23.7454 Date of Disbursement																					
Mailing Address P.O. BOX 470840		<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>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	9		2	0	0	7														
City TULSA	State OK	Zip Code 74147	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name JOHN SULLIVAN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OK District: 01																							

Full Name (Last, First, Middle Initial) C. KIND FOR CONGRESS COMMITTEE		Transaction ID: SB23.7383 Date of Disbursement																					
Mailing Address 205 SOUTH 5TH AVENUE		<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>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	6		2	0	0	7														
City LA CROSSE	State WI	Zip Code 54601	Amount of Each Disbursement this Period																				
Purpose of Disbursement CONTRIBUTION		<input type="checkbox"/>	<input type="text" value="1500.00"/>																				
Candidate Name RON KIND		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI District: 03																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8500.00"/>
TOTAL 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

Full Name (Last, First, Middle Initial) A. KIND FOR CONGRESS COMMITTEE		Transaction ID: SB23.7442 Date of Disbursement
Mailing Address 205 SOUTH 5TH AVENUE		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City LA CROSSE	State WI	Zip Code 54601
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name RON KIND	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 03	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. KIRK FOR CONGRESS		Transaction ID: SB23.7446 Date of Disbursement
Mailing Address P.O. BOX 8		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City WINNETKA	State IL	Zip Code 60093
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name MARK STEVEN KIRK	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 10	
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. LEADERSHIP IN THE NEW CENTURY (LINCPAC)		Transaction ID: SB23.7478 Date of Disbursement
Mailing Address 124 WEST CAPITOL AVENUE		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City LITTLE ROCK	State AR	Zip Code 72201
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL 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

Full Name (Last, First, Middle Initial) A. LEGPAC		Transaction ID: SB23.7472 Date of Disbursement
Mailing Address 38 IVY STREET, SOUTHEAST		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MARK UDALL FOR CONGRESS INC.		Transaction ID: SB23.7465 Date of Disbursement
Mailing Address 8690 WOLFF COURT		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City WESTMINSTER	State CO	Zip Code 80031
Purpose of Disbursement CONTRIBUTION	<input type="text" value="2000.00"/>	
Candidate Name MARK E. UDALL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 2		

Full Name (Last, First, Middle Initial) C. MCCONNELL SENATE COMMITTEE '08		Transaction ID: SB23.7475 Date of Disbursement
Mailing Address P.O. BOX 1496		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
City LOUISVILLE	State KY	Zip Code 40201
Purpose of Disbursement CONTRIBUTION	<input type="text" value="2500.00"/>	
Candidate Name MITCH MCCONNELL	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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. MICHAEL BURGESS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 2334

Transaction ID: SB23.7458

Date of Disbursement
05 / 02 / 2007

City DENTON State TX Zip Code 76202

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

CONTRIBUTION

Category/
Type

Candidate Name
MICHAEL BURGESS

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 26

B. MIKE PENCE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 408

Transaction ID: SB23.7463

Date of Disbursement
05 / 02 / 2007

City ANDERSON State IN Zip Code 46015

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
MICHAEL R. PENCE

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: IN District: 06

C. MIKE THOMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 5429 MADISON AVENUE

Transaction ID: SB23.7464

Date of Disbursement
05 / 02 / 2007

City SACRAMENTO State CA Zip Code 95841

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
MIKE THOMPSON

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

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

**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. NATHAN DEAL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 902

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement

CONTRIBUTION

Candidate Name
NATHAN DEAL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: GA District: 10

Transaction ID: SB23.7377

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

B. PALLONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

CONTRIBUTION

Candidate Name
FRANK PALLONE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.7402

Date of Disbursement

03 / 06 / 2007

Amount of Each Disbursement this Period

1000.00

C. PALLONE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

CONTRIBUTION

Candidate Name
FRANK PALLONE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NJ District: 06

Transaction ID: SB23.7407

Date of Disbursement

03 / 15 / 2007

Amount of Each Disbursement this Period

2500.00

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)
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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

Full Name (Last, First, Middle Initial) A. PETE STARK RE-ELECTION COMMITTEE		Transaction ID: SB23.7386 Date of Disbursement
Mailing Address P.O. BOX 8331		<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City FREMONT	State CA	Zip Code 94537
Purpose of Disbursement CONTRIBUTION		<input type="text" value="2000.00"/>
Candidate Name PETE STARK		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 13	

Full Name (Last, First, Middle Initial) B. PRICE FOR CONGRESS		Transaction ID: SB23.7408 Date of Disbursement
Mailing Address P.O. BOX 425		<input type="text" value="03"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City ROSWELL	State GA	Zip Code 30077
Purpose of Disbursement CONTRIBUTION		<input type="text" value="1000.00"/>
Candidate Name THOMAS E. PRICE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 06	

Full Name (Last, First, Middle Initial) C. RANGEL FOR CONGRESS		Transaction ID: SB23.7334 Date of Disbursement
Mailing Address P.O. BOX 5577		<input type="text" value="01"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City NEW YORK	State NY	Zip Code 10027
Purpose of Disbursement CONTRIBUTION		<input type="text" value="2500.00"/>
Candidate Name CHARLES B. RANGEL		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 15	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. RANGEL FOR CONGRESS		Transaction ID: SB23.7403 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address P.O. BOX 5577		Amount of Each Disbursement this Period 2500.00
City NEW YORK State NY Zip Code 10027	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name CHARLES B. RANGEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. REPUBLICAN MAINSTREET PARTNERSHIP PAC		Transaction ID: SB23.7493 Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2007
Mailing Address 2201 WISCONSIN AVENUE, NORTHWEST		Amount of Each Disbursement this Period 2500.00
City WASHINGTON State DC Zip Code 20007	Purpose of Disbursement CONTRIBUTION 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) ▼		

Full Name (Last, First, Middle Initial) C. ROGERS FOR CONGRESS		Transaction ID: SB23.7385 Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2007
Mailing Address P.O. BOX 581		Amount of Each Disbursement this Period 1000.00
City BRIGHTON State MI Zip Code 48116	Purpose of Disbursement CONTRIBUTION Category/Type	
Candidate Name MICHAEL J. ROGERS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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)
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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

Full Name (Last, First, Middle Initial) A. ROGERS FOR CONGRESS		Transaction ID: SB23.7452 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7
Mailing Address P.O. BOX 581		Amount of Each Disbursement this Period 1000.00
City BRIGHTON	State MI	
Zip Code 48116		
Purpose of Disbursement CONTRIBUTION		
Candidate Name MICHAEL J. ROGERS		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 08		

Full Name (Last, First, Middle Initial) B. STUPAK FOR CONGRESS		Transaction ID: SB23.7387 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 817 NINTH AVENUE		Amount of Each Disbursement this Period 2500.00
City MENOMINEE	State MI	
Zip Code 49858		
Purpose of Disbursement CONTRIBUTION		
Candidate Name BART STUPAK		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 01		

Full Name (Last, First, Middle Initial) C. TIM JOHNSON FOR SOUTH DAKOTA INC		Transaction ID: SB23.7406 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address P.O. BOX 1859		Amount of Each Disbursement this Period 1000.00
City SIOUX FALLS	State SD	
Zip Code 57101		
Purpose of Disbursement CONTRIBUTION		
Candidate Name TIM JOHNSON		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SD District: 00		

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

Full Name (Last, First, Middle Initial) A. TIM MURPHY FOR CONGRESS		Transaction ID: SB23.7384 Date of Disbursement
Mailing Address P.O. BOX 24551		<input type="text" value="02"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City PITTSBURGH	State PA	Zip Code 15234
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name TIM MURPHY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 18		

Full Name (Last, First, Middle Initial) B. TIM MURPHY FOR CONGRESS		Transaction ID: SB23.7448 Date of Disbursement
Mailing Address P.O. BOX 24551		<input type="text" value="04"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City PITTSBURGH	State PA	Zip Code 15234
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1000.00"/>	
Candidate Name TIM MURPHY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 18		

Full Name (Last, First, Middle Initial) C. TIM MURPHY FOR CONGRESS		Transaction ID: SB23.7462 Date of Disbursement
Mailing Address P.O. BOX 24551		<input type="text" value="05"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City PITTSBURGH	State PA	Zip Code 15234
Purpose of Disbursement CONTRIBUTION	<input type="text" value="1500.00"/>	
Candidate Name TIM MURPHY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 18		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL 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)

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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. TOM ALLEN FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 17766

City PORTLAND State ME Zip Code 04112

Purpose of Disbursement CONTRIBUTION

Candidate Name THOMAS H. ALLEN

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: ME District: 01

Transaction ID: SB23.7455

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

2500.00

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 40385

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.7494

Date of Disbursement

06 / 06 / 2007

Amount of Each Disbursement this Period

2500.00

C. VIRGINIA FOXX FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 1100

City CLEMMONS State NC Zip Code 27012

Purpose of Disbursement CONTRIBUTION

Candidate Name VIRGINIA FOXX

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NC District: 05

Transaction ID: SB23.7382

Date of Disbursement

02 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

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)
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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

Full Name (Last, First, Middle Initial) A. VOICE FOR FREEDOM		Transaction ID: SB23.7429 Date of Disbursement
Mailing Address 2451 CUMBERLAND PARKWAY		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City ATLANTA	State GA	Zip Code 30339
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. VOLUNTEERS FOR SHIMKUS		Transaction ID: SB23.7422 Date of Disbursement
Mailing Address P.O. BOX 5458		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name JOHN M. SHIMKUS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 19		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS		Transaction ID: SB23.7453 Date of Disbursement
Mailing Address P.O. BOX 5458		<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement CONTRIBUTION	<input type="text"/>	
Candidate Name JOHN M. SHIMKUS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 19		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial)

A. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
CONTRIBUTION

Candidate Name
ED WHITFIELD

Office Sought: House
 Senate
 President
State: KY District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.7468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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