

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 15
07/12/2000 12 : 41

1. NAME OF COMMITTEE (in full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 19TH STREET NW SUITE 300	2. FEC IDENTIFICATION NUMBER C00325936
CITY, STATE, and ZIP CODE WASHINGTON DC 20036	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/18/2000</u> through <u>08/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		18296.30
(b) Cash on Hand at Beginning of Reporting Period	153070.66	
(c) Total Receipts (from line 19)	50850.00	217174.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	203920.66	235470.30
7. Total Disbursements (from line 30)	37700.00	68249.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	166220.66	166220.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by Mr. Robert Wilbur		
Signature of Treasurer		Date 07/12/2000

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE: THE (STS PAC)	REPORT COVERING PERIOD		
	FROM 05/18/2000	TO: 06/30/2000	
I. Receipts			
	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	50550.00	214950.00	11.a.i.
ii. Unitemized	300.00	2224.00	11.a.ii.
iii. Total	50850.00	217174.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	50850.00	217174.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	50850.00	217174.00	19.
20. Total Federal Receipts	50850.00	217174.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	200.00	2400.00	21.b.
c. Total Operating Expenditures	200.00	2400.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	37500.00	86649.64	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	37700.00	89249.64	30.
31. Total Federal Disbursements	37700.00	89249.64	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	50850.00	217174.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	50850.00	217174.00	34.
35. Total Federal Operating Expenditures	200.00	2400.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	200.00	2400.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 15
			FOR LINE NUMBER 11A1

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; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Charles Anthoni, M.D. 7201 Bishops View Circle Cherry Hill NJ 08002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code C.L. Athanasuleas, M.D. 1528 Carraway Blvd. Birmingham AL 35234 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Walter Bringaze, M.D. 6635 Pikes Ln Baton Rouge LA 70808 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Lamar Bustnell, M.D. 145 N. Brent St. Suite 102 Ventura CA 93003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Richard Cochran, M.D. 16 Fuller Court Madison WI 53704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Daniel Goldfaden, M.D. 504 Redmond Rd. Rome GA 30165 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Michael Maggarl, M.D. 101 Blounts Ave. Suite 800 Knoxville TX 37920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 3000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 3000.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 15
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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Tom Mahendra, M.D. 1331 West Avenue J Suite 203 Lancaster CA 93534	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code David Olt, M.D. 3689 Inwood Drive Houston TX 77019	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Robert Pascolto, M.D. 2675 Winkler Avenue Fort Myers FL 33901	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code West Phillip, M.D. 2301 Castillo St. Santa Barbara CA 93105	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code John Richardson, M.D. 880 Montclair Rd. Suite 270 Birmingham AL 35215	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Swayze Rigby, M.D. 7777 Hennessey Blvd Suite 108 Baton Rouge LA 70809	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Phillip Schoettle, M.D. 1325 Eastmoreland No. 220 Memphis TN 38104	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Robert Taylor, M.D. 6 Medical Drive Amarillo TX 79106	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Dominic Tedesco, M.D. 145 N. Brent St. Suite 102 Ventura CA 93005	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Harry DePan, M.D. 2447 York Seat Schenectady NY 12309	Name of Employer Self	Date (month, day, year) 05/18/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Robert Boova, M.D. 850 Old Lancaster Rd. Suite 203 Bryn Mawr PA 19010	Name of Employer Self	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Mary Boylan, M.D. 400 East Third Street Duluth MN 55805	Name of Employer Self	Date (month, day, year) 05/20/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Herbert Adams, M.D. 510 Wynddyffe Drive Evansville IN 47710	Name of Employer Self	Date (month, day, year) 05/21/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Steven Johnson, M.D. 2431 W. Main St., Suite 1001 Dolhan AL 36301	Name of Employer Self	Date (month, day, year) 05/21/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Jack Messina, M.D. 601 Hawthorne Trail Lakeland FL 33803	Name of Employer Self	Date (month, day, year) 05/21/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Christopher Wells, M.D. 102 Highland Avenue Suite 303 Roanoke VA 24013	Name of Employer Self	Date (month, day, year) 05/21/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Bachara Ad. M.D. 3301 Woodburn Road Annandale VA 22003	Name of Employer Self	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Peter Baay, M.D. 6 Medical Drive Amarillo TX 79109	Name of Employer Self	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Kevin Miller, M.D. 2005 Franklin St. Midtown I-700 Denver CO 80205	Name of Employer Self	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Richard Prager, M.D. 2120 Taubman Center, Box 0348 Ann Arbor MI 48109-0348	Name of Employer Self	Date (month, day, year) 05/22/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Eugene Berry, M.D. 2717 E. Lakeshore Drive Baton Rouge LA 70806	Name of Employer Self	Date (month, day, year) 05/23/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Ronald Pellegrini, M.D. 100 Broadway Avenue Carnegie PA 15106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/23/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Hans Zwart, M.D. 3688 Ridgeway Road Dayton OH 45419 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/23/2000	Amount of Each Receipt this Period 500.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Charles Antinori, M.D. 7201 Bishops View Circle Cherry Hill NJ 08002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 300.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Yvon Baribeau, M.D. 100 McGregor Street Manchester NH 03102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code John Galat, M.D. 1511 800 First Avenue Ocala FL 34478-3130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Marshal Goldin, M.D. 600 Raleigh Rd. Glenview IL 60025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Marc Sussman, M.D. 600 N Wolfe St. Block 618 Baltimore MD 21287-4618 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Ruben Ungaro, M.D. 6980 NW 68th Street Parkland FL 33067-1400	Name of Employer Self	Date (month, day, year) 05/24/2000	Amount of Each Receipt this Period 250.00
	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, Mailing Address, and ZIP Code John Kratz, M.D. 171 Ashley Avenue Charleston SC 29425	Name of Employer Self	Date (month, day, year) 05/28/2000	Amount of Each Receipt this Period 250.00
	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, Mailing Address, and ZIP Code Scott Goldman, M.D. 280 Lankenau MSB, 100 Lancaster Av Wynnewood PA 19096	Name of Employer Self	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Derek Muehrcke, M.D. 1085 Ponte Vedra Boulevard Ponte Vedra Beach FL 32082	Name of Employer Self	Date (month, day, year) 06/01/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Mark Connolly, M.D. 130 E. 77th Street 4th Floor New York NY 10021	Name of Employer Self	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 500.00
	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, Mailing Address, and ZIP Code William Davis, M.D. 110 Boca Bend San Antonio TX 78231	Name of Employer Self	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 500.00
	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, Mailing Address, and ZIP Code Jay Kim, M.D. 3100 Maccorde Avenue Ste. 411 Charleston WV 25304	Name of Employer Self	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 15
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Pamela Peigh, M.D. 334 Plainhurst Road Webster Groves MO 63110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/04/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Curtis Bryan, M.D. 904 Medical Circle Myrtle Beach SC 29572 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/05/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code John Yarbrough, M.D. 2750 Laurel Street Columbia SC 29204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Lewis Ofsteln, M.D. 13 Twin Oaks Estate Sioux Falls SD 57105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Stephen Fall, M.D. 301 S. 7th Avenue Ste. 1120 West Reading PA 19811 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/09/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Edward Sako, M.D. 7703 Floyd Curl Drive San Antonio TX 78229-3900 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/10/2000	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Leigh Iverson, M.D. 3300 Webster Suite 500 Oakland CA 94609 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 06/13/2000	Amount of Each Receipt this Period 1000.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 15
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)

Full Name, Mailing Address, and ZIP Code Brook Dejene, M.D. 15 Quail Court Manalapan NJ 07720	Name of Employer Self	Date (month, day, year) 06/15/2000	Amount of Each Receipt this Period 500.00
	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, Mailing Address, and ZIP Code Gregory Jones, M.D. 305 East Cheves Street Suite 270 Florence SC 29506	Name of Employer Self	Date (month, day, year) 06/15/2000	Amount of Each Receipt this Period 500.00
	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, Mailing Address, and ZIP Code John Marberger, M.D. 1 Brentmore Park Clayton MO 63105	Name of Employer Self	Date (month, day, year) 06/15/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Thomas Merle, M.D. 580 Lincoln Park Suite 322 Kettering OH 45425	Name of Employer Self	Date (month, day, year) 06/18/2000	Amount of Each Receipt this Period 500.00
	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, Mailing Address, and ZIP Code Daniel Paul, M.D. 4120 94th Avenue, SE Mercer Island WA 98040	Name of Employer Self	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Johna Dein, M.D. 3941 J Street Suite 270 N Sacramento CA 95819	Name of Employer Self	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 1000.00
	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, Mailing Address, and ZIP Code Daniel Harley, M.D. 4203 Manorwood Drive Glen Arm MD 21057	Name of Employer Self	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		11 / 15
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE; THE (STS PAC)				
Full Name, Mailing Address, and ZIP Code Hakob Davtyan, M.D. 401 E. Highland Ave. Ste. 251 San Bernardino CA 92404	Name of Employer Self	Date (month, day, year) 06/25/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > 5 1000.00		
Full Name, Mailing Address, and ZIP Code Jeffrey Hoffman, M.D. 1250 Ashburton Drive Dayton OH 45459	Name of Employer Self	Date (month, day, year) 06/27/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > 8 1000.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				50550.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	12 / 15
			FOR LINE NUMBER 21B
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; THE (STS PAC)			
Full Name, Mailing Address, and ZIP Code Smith, Buckin & Associates 1200 19th Street, N.W. Suite 300 Washington DC 20036	Purpose of Disbursement Accounting Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/01/2000	Amount of Each Disbursement This Period 200.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			200.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		14 / 15
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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; THE (STS PAC)				
Full Name, Mailing Address, and ZIP Code LAZIO 2000 72 EAST MAIN ST SUITE 4 C/O PICCIRILLO & LAMONT LLP BABYLON NY 11702	Purpose of Disbursement (House - NY - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/08/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code RANGEL FOR CONGRESS 2000 PO BOX 5577 MANHATTANVILLE STA NEW YORK NY 10027	Purpose of Disbursement (House - NY - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/08/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code CRANE FOR CONGRESS COMMITTEE PO BOX 8534 ROLLING MEADOWS IL 60008	Purpose of Disbursement (House - IL - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/15/2000	Amount of Each Disbursement This Period 4000.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF DAVE WELDON PO BOX 968 MELBOURNE FL 32902	Purpose of Disbursement (House - FL - 15) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/15/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code FRIENDS OF GEORGE ALLEN 801 EAST MAIN STREET SUITE 520 RICHMOND VA 23219	Purpose of Disbursement (Senate - VA - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/15/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code LAZIO 2000 72 EAST MAIN ST SUITE 4 C/O PICCIRILLO & LAMONT LLP BABYLON NY 11702	Purpose of Disbursement (House - NY - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/15/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code ROTH SENATE COMMITTEE P.O. BOX 105 WILMINGTON DE 19899	Purpose of Disbursement Check (dated 11/03/99) Voided (Senate - DE - 00) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/26/2000	Amount of Each Disbursement This Period -1000.00	
Full Name, Mailing Address, and ZIP Code COMMITTEE TO RE-ELECT VITO FOSSSELLA PO BOX 131403 PO BOX 080248 STATEN ISLAND NY 10313	Purpose of Disbursement (House - NY - 13) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/29/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code CONGRESSMAN JOE BARTON COMMITTEE PO BOX 1444 ENNIS TX 75120	Purpose of Disbursement (House - TX - 06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/29/2000	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

