

THE SOCIETY OF THORACIC SURGEONS

Washington Office

1200 19TH STREET, N.W., SUITE 300
WASHINGTON, DC 20036-2422
202/457-1101
FAX NO. 202/223-4579

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 29 1 46 PM '98



MEMORANDUM

TO: Federal Election Commission
Public Records Department

FROM: Jason D. Harvey *JDH*
Administrative Assistant, Government Relations

DATE: January 28, 1998

Please be advised that Robert H. Wilbur, Director of Government Relations for the Society of Thoracic Surgeons, was designated Assistant Treasurer for the Society of Thoracic Surgeons Political Action Committee when it was registered on February 2, 1997. Mr. Wilbur is signing the 1997 end of year report (FEC form 3X) for the Society of Thoracic Surgeons PAC in lieu of the Treasurer, Timothy Gardner, M.D. All Federal Election Commission correspondence should now be sent to Robert Wilbur in lieu of Timothy Gardner, M.D., as shown on the corrected address label.

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jan 29 1 48 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

CG0325936 120597 P 236
TIMOTHY J. GARDNER MD
SOCIETY OF THORACIC SURGEONS P
OLITICAL ACTION COMMITTEE; THE
1200 19TH STREET NW SUITE 300
WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER
C00325936
3. This committee has qualified as a multicandidate 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:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 30-Day Post-Election 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	7/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 1997			\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 122,850.00	
(c) Total Receipts (from Line 19)		\$ 82,450.00	\$ 224,800.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 205,300.00	\$ 224,800.00
7. Total Disbursements (from Line 30)		\$ 25,000.00	\$ 36,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 180,300.00	\$ 188,300.00
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 800-424-9630 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 RODELTA H. WILSON, ASSISTANT TREASURER			
Signature of Treasurer <i>Rodella H. Wilson</i>			Date 1/30/98

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 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
SOCIETY OF THORACIC SURGEONS PAC		FROM 7/1/97	TO 12/31/97
		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 74,450.00	\$ 216,800.00	11(a)
k. Unitemized	0.00	0.00	11(b)
k. Total (add i and k)	\$ 74,450.00	\$ 216,800.00	11(c)
b. Political Party Committees	0.00	0.00	12
c. Other Political Committees (such as PACs)	0.00	0.00	13
d. Total Contributions (add a, b, c)	\$ 74,450.00	\$ 216,800.00	14
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	15
13. All Loans Received	0.00	0.00	16
14. Loan Repayments Received	0.00	0.00	17
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$ 8,000.00	\$ 4,000.00	19
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	20
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	21
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$ 82,450.00	\$ 229,800.00	22
20. Total Federal Receipts (subtract line 16 from line 19)	\$ 82,450.00	\$ 224,800.00	23
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	24(a)
ii. Non-Federal Share	0.00	0.00	24(b)
b. Other Federal Operating Expenditures	0.00	0.00	25
c. Total Operating Expenditures (add a, b)	0.00	0.00	26
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	27
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$ 25,000.00	\$ 36,500.00	28
24. Independent Expenditures (use Schedule E)	0.00	0.00	29
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	30
26. Loan Repayments Made	0.00	0.00	31
27. Loans Made	0.00	0.00	32
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	33(a)
b. Political Party Committees	0.00	0.00	33(b)
c. Other Political Committees (such as PACs)	0.00	0.00	33(c)
d. Total Contribution Refunds (add a, b and c)	0.00	0.00	33(d)
29. Other Disbursements	0.00	0.00	34
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$ 25,000.00	\$ 36,500.00	35
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$ 25,000.00	\$ 36,500.00	36
III Net Contributions/Operating Expenditure			
32. Total Contributions (other than loans) (from line 11d)	\$ 74,450.00	\$ 216,800.00	37
33. Total Contribution Refunds (from line 28d)	0.00	0.00	38
34. Net Contributions (other than loans) (subtract line 33 from 32)	\$ 74,450.00	\$ 216,800.00	39
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	0.00	0.00	40
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	41
37. Net Operating Expenditures (subtract line 36 from 35)	0.00	0.00	42

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PHILLIP N. WEST, M.D. 222 W. PUEBLO ST SANTA BARBARA, CA 93105	SELF	12/1/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM C. HELTON, M.D. 1015 MARLOWE RD. RALEIGH, NC 27609	SELF	12/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EDWARD J. PLAZZ, JR., M.D. 45 FOXCHASE DOYAN, AL 36301	SELF	12/3/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MALCOLM J. DORNAD, M.D. 4701 N. MENDIAN AVE., SUITE MIAMI, FL 33149	SELF	12/5/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CAROL FOLDES, M.D. 31 HILTOP DR. SHAVENTOWN, PA 18708	SELF	12/8/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
IWAN CROSBY, M.D. 246 BERNWA RD. ADVANCE, NC 27006	SELF	12/10/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHARLES BENNETT, M.D. 27 BETH ELLEN DR. LEWISTOWN, PA 17327	SELF	12/11/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$6,000.00

TOTAL This Period (last page this line number only)

\$6,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 12 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLAUDE W. SMITH M.D. 2750 CAMEL ST. COLUMBIA, SC 29204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	12/18/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	
JOSEPH R. ELDEENY, M.D. FOREST ACRES DR. GREENVILLE, NC 27834 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	12/18/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	
JACK MESSINA, M.D. 3117 STONEWATER DR. LAKE LAND, FL 33403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	12/10/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	
JOHN YARDNOUGH, M.D. 1480 GREENHILL RD. COLUMBIA SC 29206 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	12/29/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	
BRIAN HUMMEL, M.D. 826 CAL COVE DR. FORT MYERS, FL 33919 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	11/1/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	
PATTERSON MOSELEY, M.D. 630 AMAR CIRCLE WINTER SPRINGS, FL 32708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	11/2/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	
KEVIN D. ACCOLA, M.D. 1365 WINDSONG RD. ORLANDO, FL 32809 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	11/4/97	\$1,000.00
Occupation: PHYSICIAN		Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

\$13,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH H. BOYER, M.D. 300 SWEETWATER CLUB DR. LONGWOOD, FL 32799	SELF	11/5/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HAMMON, JR., M.D. 367 PINE VALLEY RD. WINSTON-SALEM, NC 27104	SELF	11/7/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.J. CUMBLEY III, M.D. 45 GIBBES ST. CHARLESTON, SC 29401	SELF	11/10/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD M. LEPPARD, JR., M.D. 1663 WOODLAKE DR. COLUMBIA, SC 29206	SELF	11/12/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL THOMPSON, M.D. 257 NEEDLES TRAIL LONGWOOD, FL 32779	SELF	11/14/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL D. SCHUMACHER, M.D. 81 OAKLEIGH DR. MAITLAND, FL 32751	SELF	11/15/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WISTAN MOORE III, M.D. 5115 N. SOCRUM LOOP RD. APT. C LAKELAND, FL 33809-4212	SELF	11/15/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

\$20,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK E. SAND, M.D. 1401 NEW YORK AVE., N. WINTER PARK, FL 32789	SELF	11/17/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE J. PALMER, III, M.D. 1201 BRAMPTON PL. HEATHROW, FL 32746	SELF	11/17/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.L. ATHANASULEAS, M.D. 1528 N. 26TH ST. DIZMUNGHAM, AL 35234	SELF	11/20/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MEREDITH J. SEOTT, M.D. 1615 BARCELONA WAY WINTER PARK, FL 32789	SELF	11/25/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HURLEY W. KNOTT, M.D. 680 MARSHALL ROAD, SUITE 270 BIRMINGHAM, AL 35213	SELF	11/25/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARY L. STONE, M.D. 217 HILL CREST ST. ORLANDO, FL 32801	SELF	11/26/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. DAVID SPECTOR, M.D. PO BOX 934 WINDERMERE, FL 34786-0934	SELF	11/30/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

\$27,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 12
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM Y. TUCKER, M.D. 3200 TENNILE SCHOOL RD. WINSTON-SALEM, NC 27262	SELF	9/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID L. JOHNSON, M.D. 1 OVERLOOK LA. MENDHAM NJ 07962	SELF	9/23/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT L. MILLER, M.D. 305 W. JACKSON, SUITE 101 CARBONDALE, IL 62901	SELF	10/1/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD K. HELSETH, M.D. CHILDREN'S HEART CLINIC 2545 CHICAGO AVE. S., SUITE 106 MINNEAPOLIS, MN 55404	SELF	10/5/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RODERICK K. VASUDA, M.D. 14350 ROSCOE BLVD., SUITE 303 NORTH RIDGE, CA 91325	SELF	10/20/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAUC BLOOM, M.D. 4909 LONDONDERRY DR. TAMPA, FL 33613	SELF	7/16/97	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IRVING KWON, M.D. 155 TENNELL RD., E. CHARLOTTESVILLE, VA 22908	SELF	8/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$6,250.00

TOTAL This Period (last page this line number only)

\$33,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 12
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS C. WILSON, M.D. 3 MOBILE INFIRMARY CIRCLE SUITE 302 MOBILE, AL 36607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	8/19/97	\$1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
T. PETER DOWNING, M.D., P.A. 3370 BUJANS RD. PALM BEACH GARDENS, FL 33615 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	8/7/97	\$200.00
Aggregate Year-to-Date > \$ 200.00			
WILLIAM E. JOHNSON, III, M.D. 3 MOBILE INFIRMARY CIRCLE SUITE 302 MOBILE AL 36607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	8/18/97	\$1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
BRADLEY H. LEVIN, M.D. 1750 STANROSS RD. YORK, PA 17403 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	8/1/97	\$500.00
Aggregate Year-to-Date > \$ 500.00			
CHARLES B. BECKMAN, M.D. 20 OLD MILLER LA. GUILFORD, CT. 06516 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	8/6/97	\$1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
DANNY D. NEWSOM, M.D. 2515 YORKTOWN DR. TUSCALOOSA, AL 35401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	9/17/97	\$1,000.00
Aggregate Year-to-Date > \$ 1,000.00			
DENISE D. MUEHCKE, M.D. 8102 SEVEN MILE DR. PONTE VEDRA, FL 32204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: PHYSICIAN	7/7/97	\$1,000.00
Aggregate Year-to-Date > \$ 1,000.00			

SUBTOTAL of Receipts This Page (optional)

\$5,700.00

TOTAL This Period (last page this line number only)

\$38,950.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK A. GONCALVES, M.D. 5566 FAUS CHURCH RD. MOBILE, AL 36607	SELF	8/19/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN E. STONE, JR., M.D. 3662 STEIN ST. MOBILE, AL 36608	SELF	7/31/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VISWA B. NATHAN, M.D. 40 GROUSE LANE WOODBIDGE, CT 06519	SELF	9/5/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. TERRY MCENANY, M.D. 6460 SOUTH SHORE DR. ALTONA, WI 54703	SELF	7/1/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK A. MOSTOVYCH, M.D. 120 SEABURY CIR. ROUTE VERNA, FL 32204	SELF	7/7/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SETH BEKOE, M.D. 469 NANTUCKET DR. PITTSBURGH, PA 15210	SELF	8/19/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OTTO GAGO, M.D. 811 BANTON SHORE DR. AND ARSON, ME 48105	SELF	8/4/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$7,000.00

TOTAL This Period (last page this line number only)

\$45,950.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MENZIELL HUNTER, M.D. 3025 RANDOLPH DR. RALEIGH, NC 27610	SELF	8/11/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GREGORY K. PEDINSKY, M.D. 4403 N. MERIDIAN INDIANAPOLIS, IN 46101	SELF	8/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMES D. KNOEPP, M.D. 2906 GEORGE'S LANE ALEXANDRIA, LA 71301	SELF	7/30/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRENT GRISHKIN, M.D. 8918 HEMINGWAY GROVE KNOXVILLE, TN 37920	SELF	7/28/97	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL MAGGART, M.D. BAPTIST MEDICAL TOWER 101 BLOUNT AVE SE, #800 KNOXVILLE, TN 37920-1669	SELF	7/28/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MERIANNE K. LORENZEN, M.D. 407 MILLERS LA. WYNEWOOD, PA 19096	SELF	7/22/97	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DANIEL B. DANIELS, M.D. 1124 PRETTY PLACE EVANSVILLE, IN 47710	SELF	8/12/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$4,900.00

TOTAL This Period (last page this line number only)

\$50,850.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code MICHAEL BUNDT, M.D. 4997 MORVEN RD. JACKSONVILLE, FL 32204 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/31/97	Amount of Each Receipt this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code GRANT V.S. PARR, M.D. 75 PICATINNY ROAD MORRISTOWN, NJ 07962 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 8/10/97	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code LACY E. HAMILLE II, M.D. 10232 CASTLE BRIDGE CT. KNOXVILLE, TN 37920 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/30/97	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and ZIP Code CHARLES H. KLIEMAN, M.D. 15141 E. WHITTIER BLVD. WHITTIER CA 90603 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 7/2/97	Amount of Each Receipt this Period \$200.00
E. Full Name, Mailing Address and ZIP Code ROBERT D. PASCOLO, M.D. 6910 OLD WHISKEY CREEK DR. FT. MYERS, FL 33901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/22/97	Amount of Each Receipt this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code ROBIN G. CUMMINGS, M.D. 360 TALL TIMBER DR. PINEHURST, NC 28374 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation: PHYSICIAN Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/6/97	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code MASOUD A. ALZEENAH, M.D. 1901 MEDICAL PARK, # 1055 AMARILLO, TX 79106 Receipt For: <input checked="" 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) 7/15/97	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$5,700.00

TOTAL This Period (last page this line number only)

\$56,550.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
V. V. VIJAY, M.D. 4 COLUMBIA DR., #830 TAMPA, FL 33606	SELF	7/10/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
III. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD L. PRAGER, M.D. 2981 PROVINCIAL DR. ANN ARBOR, MI 48106	SELF	7/14/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL P. BUCHNESS, M.D. 4404 COOPER RD. EDEN, MD 21805	SELF	7/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HARTZELL V. SCHAFF, M.D. 433 - 9TH AVE., SW ROCHESTER, MN 55905	SELF	7/1/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PANDURANG V. KAMAT, M.D. 3565 SEAWAY DR. NEW PORT, FL 34652	SELF	7/18/97	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GONZALO VARGAS, M.D. 7777 SOUTHWEST Fwy. #506 HOUSTON, TX 77074-1910	SELF	7/8/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WINFIELD J. WELLS, M.D. 401 S. JUNE ST. LOS ANGELES, CA 90027	SELF	7/12/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$5,700.00

TOTAL This Period (last page this line number only)

\$62,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NOEL CONCEPCION, M.D. 2301 CORWENSTONE CT. MODESTO CA 95351	SELF	7/24/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARTH W. McDONALD, M.D. 13612 JANNETT SVILLE PIKE PHOENIX, MD 21211	SELF	7/9/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP H. CROYLE, M.D. 5509 POINT WOOD WACO, TX 76712	SELF	7/3/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERICK M. HOWDEN, M.D. 3 ARUDA BEND CONCORD, CA 92135	SELF	7/6/97	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
YJON BAZIDEAU, M.D. 475 NEW BOSTON RD. BEDFORD, NH 03105	SELF	7/21/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. ROBERT WEINHART, M.D. 10 DUNFORD CIR. KANSAS CITY, MO 64114	SELF	7/14/97	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER M. SIDELL, M.D. 6918 OLD WHISKEY CREEK FT. MYERS, FL 33901	SELF	7/22/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$5,700.00

TOTAL This Period (last page this line number only)

\$67,950.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. RICHARD WESTERMAN, M.D. 222 W. PUEBLO ST. SANTA BARBARA, CA 93105	SELF	7/12/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
II. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS G. PNEVOSTI, M.D. 4055 PINETREE ANNUARY RD. ATLANTA, GA 30309	SELF	7/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CODD, M.D. 12255 DEPAUL DR., #670 BETHESDA, MD 03044	SELF	7/2/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD V. PELLEGRINI, M.D. 100 BROADWAY AVE. CARNEGIE, PA 15106	SELF	7/7/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.E. MARTIN, JR. 2348 VILLARDY CT. HENDERSON NJ 08910	SELF	7/8/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN MAYER, JR., M.D. 101 ROYALSTON RD. WELLESLEY, MA 02215	SELF	7/1/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.G. BRYTON, III, M.D. 23 E. FOREST RD. ASHEVILLE, NC 28803	SELF	7/6/97	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$6,500.00

TOTAL This Period (last page this the number only)

\$74,450.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN ENSIGN FOR CONGRESS 825 EAST BLOSSARD LANE LAS VEGAS, NV 89123-0535	CONTRIBUTION TO RE-ELECT CONGRESSMAN JOHN ENSIGN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/10/97	\$1,000.00
RANGEL FOR THE 106TH CONGRESS COMMITTEE 530 SEVENTH ST., SE WASHINGTON, DC 20003	CONTRIBUTION TO RE-ELECT CONGRESSMAN CHARLES RANGEL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/15/97	\$1,000.00
RICHARD NEAL FOR CONGRESS P.O. Box 2884 WASHINGTON, DC 20013	CONTRIBUTION TO RE-ELECT CONGRESSMAN RICHARD NEAL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/16/97	\$500.00
PEOPLE FOR GANSWE COMMITTEE 4010 FRANKLIN RD. ALEXANDRIA, VA 22310-2136	CONTRIBUTION TO RE-ELECT CONGRESSMAN OWEN GANSWE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/30/97	\$1,500.00
COVERDELL GOOD GOVERNMENT COMMITTEE 1010 WISCONSIN AVE. NW SUITE 200 WASHINGTON, DC 20007	CONTRIBUTION TO RE-ELECT SENATOR PAUL COVERDELL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/21/97	\$1,000.00
FRIENDS OF CONNIE MACK P.O. Box 23264 TAMPA, FL 33623-3264	CONTRIBUTION TO RE-ELECT SENATOR CONNIE MACK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/97	\$5,000.00
FRIENDS OF SHEEROD BROWN 111 EDGEFIELD DR. ELYRIA, OH 44035	CONTRIBUTION TO RE-ELECT CONGRESSMAN SHEEROD BROWN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/97	\$500.00
CITIZENS FOR ALLEN SPECTER 5809 UPTON ST. NW WASHINGTON DC 20008	CONTRIBUTION TO RE-ELECT SENATOR ALLEN SPECTER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/25/97	\$5,000.00
FRIST 2000 4205 HILLSBORO ROAD SUITE 306 NASHVILLE TN 37215	CONTRIBUTION TO RE-ELECT SENATOR BILL FRIST Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	\$4,000.00

SUBTOTAL of Disbursements This Page (optional)

\$19,500.00

TOTAL This Period (last page this line number only)

\$19,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIST 2000 4205 HILLSBORO ROAD SUITE 306 NASHVILLE, TN 37215	CONTRIBUTION TO RE-ELECT SENATOR BILL FRIST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	\$4,000.00
GENE GREEN CONGRESSIONAL CAMPAIGN P.O. BOX 16128 HOUSTON, TX 77222	CONTRIBUTION TO RE-ELECT CONGRESSMAN GENE GREEN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/97	\$1,000.00
THE WETGAND COMMITTEE THE FOUNDRY BUILDING 235 PALMENADE ST. SUITE 465 PROVIDENCE RI 02904	CONTRIBUTION TO RE-ELECT CONGRESSMAN ROBERT WETGAND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/97	\$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$5,500.00


TOTAL This Period (last page this line number only)

\$25,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-29-98</i>
<input type="checkbox"/> - First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
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