

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 81

(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 |
| 13 | 14 | 15 | 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. James Kelly Mailing Address 707 North Michigan Avenue Suite 501 City State Zip Code South Bend IN 46601-1067 FEC ID number of contributing federal political committee. C Name of Employer Cardiothoracic Surgery, P.C. Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2003 Transaction ID: SA11A1.5151 Amount of Each Receipt this Period 500.00 |
| B. Full Name (Last, First, Middle Initial) Dr. Thomas Kelly Mailing Address 1880 Arlington Street Suite 103 City State Zip Code Sarasota FL 34239 FEC ID number of contributing federal political committee. C Name of Employer Cardiovascular Associates Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y 05 / 02 / 2003 Transaction ID: SA11A1.4207 Amount of Each Receipt this Period 500.00 |
| C. Full Name (Last, First, Middle Initial) Dr. James Kirby Mailing Address 5543 Koppe Bridge Road City State Zip Code College Station TX 77845 FEC ID number of contributing federal political committee. C Name of Employer Cardiovascular Surgery Receipt For: Primary General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ 500.00 | | Date of Receipt M M / D D / Y Y Y Y 04 / 27 / 2003 Transaction ID: SA11A1.4209 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) ▶