

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

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

FOR LINE NUMBER: PAGE 63 / 77  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. David Torchiana</b>		Date of Receipt M / D / Y Y Y Y 03 / 26 / 2004
Mailing Address 32 Maolis Road		Transaction ID: SA11A1.4503
City Nahant	State MA	Zip Code 01808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Massachusetts General Hospital	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory Trachiotis</b>		Date of Receipt M / D / Y Y Y Y 02 / 10 / 2004
Mailing Address 215D Pennsylvania Avenue, N.W. 8B		Transaction ID: SA11A1.4141
City Washington	State DC	Zip Code 20037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Victor Trastek</b>		Date of Receipt M / D / Y Y Y Y 02 / 04 / 2004
Mailing Address 13400 East Shea Boulevard		Transaction ID: SA11A1.4233
City Scottsdale	State AZ	Zip Code 85258-5499
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1250.00</b>
TOTAL This Period (last page this line number only) .....	▶	