

**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. CRANE FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 8534

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
PHILIP CRANE

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2000  Primary  General  
Other (specify) ▼

State: IL District: D8

Transaction ID: SB23.134

Date of Disbursement

11 / 08 / 1999

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
**B. ENSIGN FOR SENATE**

Mailing Address 8917 STAFFORD SPRINGS DRIVE

City LAS VEGAS State NV Zip Code 89134

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN ENSIGN

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2000  Primary  General  
Other (specify) ▼

State: NV District: D0

Transaction ID: SB23.115

Date of Disbursement

09 / 30 / 1999

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
**C. FRIENDS OF CLAY SHAW**

Mailing Address 2600 N.E. 14TH STREET CAUSEWAY

City POMPANO BEACH State FL Zip Code 33062

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
CLAY SHAW

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2000  Primary  General  
Other (specify) ▼

State: FL District: 22

Transaction ID: SB23.127

Date of Disbursement

10 / 26 / 1999

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶

**3000.00**

**TOTAL** This Period (last page this line number only) ▶