

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1025 CONNECTICUT AVENUE, N.W.

SUITE 1104

X Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00325936

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Quarterly Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day

Post-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2002

through

03

31

2002

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

J. Michael Hogan, Ass't Treasurer

Signature of Treasurer

Electronically Filed by J. Michael Hogan, Ass't Treasurer

Date

10

14

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2002 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2002 <sup>M</sup> <sup>D</sup>		25654.55
(b) Cash on Hand at Beginning of Reporting Period .....	25654.55	
(c) Total Receipts (from Line 19) .....	15150.00	15150.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40804.55	40804.55
7. Total Disbursements (from Line 31) .....	8901.20	8901.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	31903.35	31903.35
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2002 To: <sup>M</sup>03 <sup>D</sup>31 <sup>Y</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	14750.00	
(ii) Unitemized .....	400.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	15150.00	15150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	15150.00	15150.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	15150.00	15150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	15150.00	15150.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	901.20	901.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	901.20	901.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8901.20	8901.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8901.20	8901.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	15150.00	15150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15150.00	15150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	901.20	901.20
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	901.20	901.20

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

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

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Giorgio Au</b>		Date of Receipt M / D / Y 03 / 06 / 2002
Mailing Address 153 Overlook Pointe Drive		Transaction ID: SA11A1.4533
City Ridgeland	State MS	Zip Code 39157-8614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Mississippi	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Yvon Baribeau</b>		Date of Receipt M / D / Y 03 / 11 / 2002
Mailing Address 100 McGregor Street		Transaction ID: SA11A1.4535
City Manchester	State NH	Zip Code 03102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Catholic Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. William Baumgartner</b>		Date of Receipt M / D / Y 03 / 31 / 2002
Mailing Address 2 Mahrem Court		Transaction ID: SA11A1.4536
City Baltimore	State MD	Zip Code 21204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Johns Hopkins University	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gerald Buckberg</b>		Date of Receipt M / D / Y 03 / 13 / 2002
Mailing Address UCLA Medical Center, Rm 82-258 CHS Box 951741		Transaction ID: SA11A1.4538
City Los Angeles	State CA	Zip Code 90095-1741
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer UCLA Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Mark Connolly</b>		Date of Receipt M / D / Y 03 / 29 / 2002
Mailing Address 130 East 77th Street 4th Floor		Transaction ID: SA11A1.4541
City New York	State NY	Zip Code 10021
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. Willard Daggatt</b>		Date of Receipt M / D / Y 03 / 27 / 2002
Mailing Address 7 Centre Street		Transaction ID: SA11A1.4543
City Dover	State MA	Zip Code 02030
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts General Hospital	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1750.00</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8/10

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Dr. William Davis</b>		Date of Receipt M / D / Y 03 / 24 / 2002
Mailing Address 110 Bobcat Bend		Transaction ID: SA11A1.4544
City San Antonio	State TX	Zip Code 78231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer South Texas CT & Vascular Surg	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Michael Duncan</b>		Date of Receipt M / D / Y 03 / 06 / 2002
Mailing Address 1101 Bates, P-514		Transaction ID: SA11A1.4546
City Houston	State TX	Zip Code 77030
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. David Foedtk</b>		Date of Receipt M / D / Y 03 / 11 / 2002
Mailing Address 8230 Walnut Hill Lane #208		Transaction ID: SA11A1.4547
City Dallas	State TX	Zip Code 75231
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer CSANT-Dallas	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
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) .....	▶	



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

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

FOR LINE NUMBER: PAGE 9 / 10

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Lynn Harrison, Jr.</b>		Date of Receipt M / D / Y 03 / 11 / 2002
Mailing Address 1542 Tulane Avenue		Transaction ID: SA11A1.4549
City New Orleans	State LA	Zip Code 70112-2822
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer LSU School of Medicine	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Peter Hameffer</b>		Date of Receipt M / D / Y 02 / 01 / 2002
Mailing Address 7505 Oeler Drive, Suite 308		Transaction ID: SA11A1.4551
City Towson	State MD	Zip Code 21071
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cardiac Surgery Associates	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Fredrick Hoy</b>		Date of Receipt M / D / Y 03 / 06 / 2002
Mailing Address 1911 Grandview Terrace		Transaction ID: SA11A1.4553
City Peoria Heights	State IL	Zip Code 61618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Illinois Cardiac Surgery Assoc	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 19

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kamel Khalil</b>		Date of Receipt M / D / Y 03 / 10 / 2002
Mailing Address 1200 Binz Suite 1360		Transaction ID: SA11A1.4555
City Houston	State TX	Zip Code 77044
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>B. Dr. Edmund Nagem</b>		Date of Receipt M / D / Y 03 / 07 / 2002
Mailing Address 155 Hospital Drive Suite 3D1		Transaction ID: SA11A1.4557
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Cardiovascular Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Mark Oringer</b>		Date of Receipt M / D / Y 03 / 26 / 2002
Mailing Address 3865 Pennberton Ct		Transaction ID: SA11A1.4559
City Ann Arbor	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Michigan	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 11 / 19

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Bahman Parandian</b>		Date of Receipt M / D / Y 03 / 28 / 2002
Mailing Address 3455 Wilkens Ave		Transaction ID: SA11A1.4563
City	State	Zip Code
Baltimore	MD	21229
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer St. Agnes Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Edward Patmayer</b>		Date of Receipt M / D / Y 03 / 08 / 2002
Mailing Address 5211 Morning Dew Way		Transaction ID: SA11A1.4566
City	State	Zip Code
Redding	CA	96001
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. Richard Prager</b>		Date of Receipt M / D / Y 03 / 24 / 2002
Mailing Address 212D Taubman Center, Box 0348		Transaction ID: SA11A1.4567
City	State	Zip Code
Ann Arbor	MI	48109-0348
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer University of Michigan	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 12 / 19

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Alejandro Sequeira</b>		Date of Receipt M / D / Y 03 / 14 / 2002
Mailing Address 8 Red Tree Lane		Transaction ID: SA11A1.4573
City Reisterstown	State MD	Zip Code 21136
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>B. Dr. Laurence Smith</b>		Date of Receipt M / D / Y 03 / 08 / 2002
Mailing Address 1313 Saint Helena Avenue		Transaction ID: SA11A1.4575
City Santa Rosa	State CA	Zip Code 95404
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. William Spornitz</b>		Date of Receipt M / D / Y 03 / 23 / 2002
Mailing Address 4236 S.W. 104th Terrace		Transaction ID: SA11A1.4958
City Gainesville	State FL	Zip Code 32608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Florida	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 19

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Stephen Swisher</b>		Date of Receipt M / D / Y Y Y Y 03 / 07 / 2002
Mailing Address 1911 Mossback Circle		Transaction ID: SA11A1.4581
City Fresno	State TX	Zip Code 77545-9228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer UT MD Anderson Cancer Center	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr. Turrel Theman</b>		Date of Receipt M / D / Y Y Y Y 03 / 27 / 2002
Mailing Address 132 East Market Street		Transaction ID: SA11A1.4583
City Bethlehem	State PA	Zip Code 18018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Cobur Associates	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr. Hugh Tobin</b>		Date of Receipt M / D / Y Y Y Y 03 / 11 / 2002
Mailing Address 1524 McHenry Avenue Suite 570		Transaction ID: SA11A1.4585
City Modesto	State CA	Zip Code 95350
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) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 19

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Nils Young</b>		Date of Receipt M / D / Y 03 / 11 / 2002	
Mailing Address 299B Regent Street #626		Transaction ID: SA11A1.4587	
City Berkeley	State CA	Zip Code 94705	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UC Davis Cardiothoracic Surg.	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Dr. George Zorn</b>		Date of Receipt M / D / Y 03 / 14 / 2002	
Mailing Address 3116 Old Ivy Road		Transaction ID: SA11A1.4588	
City Birmingham	State AL	Zip Code 35210-3609	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Alabama	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>14750.00</b>

**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)

PAGE 15 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

Full Name (Last, First, Middle Initial) <b>A. NOVA Information Systems</b>		Transaction ID: SB21B.4973 Date of Disbursement 01 / 03 / 2002	
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 20.00	
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Credit Card Fees Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. NOVA Information Systems</b>		Transaction ID: SB21B.4974 Date of Disbursement 02 / 04 / 2002	
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 20.00	
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Credit Card Fees Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NOVA Information Systems</b>		Transaction ID: SB21B.4975 Date of Disbursement 03 / 04 / 2002	
Mailing Address 7300 Chapman Highway		Amount of Each Disbursement this Period 20.00	
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Credit Card Fees Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary          General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**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)

PAGE 16 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

Full Name (Last, First, Middle Initial) <b>A. Smith, Bucklin &amp; Associates</b>		Transaction ID: SB21B.4976 Date of Disbursement 01 / 09 / 2002	
Mailing Address 2025 M Street, N.W. Suite 800		Amount of Each Disbursement this Period 200.00	
City Washington	State DC	Zip Code 20036	Category/ Type
Purpose of Disbursement Accounting		Candidate Name	
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼			
State: District			

Full Name (Last, First, Middle Initial) <b>B. Smith, Bucklin &amp; Associates</b>		Transaction ID: SB21B.4977 Date of Disbursement 02 / 01 / 2002	
Mailing Address 2025 M Street, N.W. Suite 800		Amount of Each Disbursement this Period 200.00	
City Washington	State DC	Zip Code 20036	Category/ Type
Purpose of Disbursement Accounting		Candidate Name	
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼			
State: District			

Full Name (Last, First, Middle Initial) <b>C. Smith, Bucklin &amp; Associates</b>		Transaction ID: SB21B.4978 Date of Disbursement 03 / 01 / 2002	
Mailing Address 2025 M Street, N.W. Suite 800		Amount of Each Disbursement this Period 200.00	
City Washington	State DC	Zip Code 20036	Category/ Type
Purpose of Disbursement Accounting		Candidate Name	
Office Sought: House Senate President			
Disbursement For: Primary General Other (specify) ▼			
State: District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**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)

PAGE 17 / 19

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
---	------------------------------------	------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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

Full Name (Last, First, Middle Initial) <b>A. SunTrust Bank</b>		Transaction ID: SB21B.4979 Date of Disbursement 01 / 23 / 2002	
Mailing Address P.O. Box 622227		Amount of Each Disbursement this Period 47.57	
City Orlando State FL Zip Code 32862-2227	Purpose of Disbursement Bank Charge Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SunTrust Bank</b>		Transaction ID: SB21B.4981 Date of Disbursement 02 / 21 / 2002	
Mailing Address P.O. Box 622227		Amount of Each Disbursement this Period 121.80	
City Orlando State FL Zip Code 32862-2227	Purpose of Disbursement Bank Charge Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SunTrust Bank</b>		Transaction ID: SB21B.4982 Date of Disbursement 03 / 21 / 2002	
Mailing Address P.O. Box 622227		Amount of Each Disbursement this Period 71.83	
City Orlando State FL Zip Code 32862-2227	Purpose of Disbursement Bank Charge Candidate Name	Category/ Type	
Office Sought: House Senate President State: District	Disbursement For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>241.20</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>901.20</b>

**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)

PAGE 18 / 19

<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

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

Full Name (Last, First, Middle Initial)  
A. FLETCHER FOR CONGRESS

Mailing Address P.O. BOX 4703

City LEXINGTON State KY Zip Code 40544

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
ERNEST FLETCHER

Office Sought:  House  
Senate  
President

Disbursement For: 2002  
 Primary General  
Other (specify) ▼

State: KY District: D8

Category/  
Type

Transaction ID: SB23.4590

Date of Disbursement

03 / 07 / 2002

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 520 EAST LOCUST  
2ND FLOOR

City DES MOINES State IA Zip Code 50308

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
GREG GANSKE

Office Sought: House  
 Senate  
President

Disbursement For: 2002  
 Primary General  
Other (specify) ▼

State: IA District: D0

Category/  
Type

Transaction ID: SB23.4592

Date of Disbursement

03 / 07 / 2002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. JOHN D. DINGELL FOR CONGRESS COMMITTEE

Mailing Address 807 14TH STREET, N.W.  
SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
JOHN DINGELL

Office Sought:  House  
Senate  
President

Disbursement For: 2002  
 Primary General  
Other (specify) ▼

State: MI District: 15

Category/  
Type

Transaction ID: SB23.4594

Date of Disbursement

03 / 19 / 2002

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) ▶

**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)

PAGE 19 / 19

<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

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

Full Name (Last, First, Middle Initial)  
A. JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1988

City NEW BRITAIN State CT Zip Code 06050

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
NANCY JOHNSON

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2002  
Primary  General  
Other (specify) ▼

State: CT District: D5

Transaction ID: SB23.4596

Date of Disbursement

03 / 07 / 2002

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. KELLER FOR CONGRESS

Mailing Address P.O. BOX 1453

City ORLANDO State FL Zip Code 32802

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RICHARD KELLER

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2002  
 Primary General  
Other (specify) ▼

State: FL District: D5

Transaction ID: SB23.4596

Date of Disbursement

03 / 19 / 2002

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. RICHARD BARR COMMITTEE

Mailing Address P.O. BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

Purpose of Disbursement  
CONTRIBUTION

Candidate Name  
RICHARD BARR

Category/  
Type

Office Sought:  House  
Senate  
President  
Disbursement For: 2002  
 Primary General  
Other (specify) ▼

State: NC District: D5

Transaction ID: SB23.4597

Date of Disbursement

03 / 11 / 2002

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

8000.00