

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="87405.55"/>	<input type="text" value="87405.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="57105.53"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8598.00"/>	<input type="text" value="81956.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="65703.53"/>	<input type="text" value="169361.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13298.69"/>	<input type="text" value="116956.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52404.84"/>	<input type="text" value="52404.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

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).....	6930.00	71305.00
(ii) Unitemized	1668.00	9651.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	8598.00	80956.00
(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)	8598.00	80956.00
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	1000.00
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 Transfers (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))..... ▶	8598.00	81956.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8598.00	81956.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	298.69	5091.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	298.69	5091.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	109500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	2365.00
(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	2365.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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 Activity (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)) ..	13298.69	116956.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13298.69	116956.71

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)	8598.00	80956.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8598.00	78591.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	298.69	5091.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298.69	5091.71

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

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

FOR LINE NUMBER: PAGE 6 OF 16
(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)
A. DR. JAMES W. ASAPH

Mailing Address 4401 SOUTHWEST WESTDALE DRIVE

City State Zip Code
 PORTLAND OR 97221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 RETIRED PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.4829

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. DR. WILLIAM A. BAUMGARTNER

Mailing Address 2 MALVERN COURT

City State Zip Code
 RUXTON MD 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 JOHNS HOPKINS UNIVERSITY PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013

Transaction ID : SA11AI.4860

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. DR. SCOTT M. BRADLEY

Mailing Address 751 LAKENHEATH DRIVE

City State Zip Code
 MT. PLEASANT SC 29464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 MEDICAL UNIVERSITY OF S.C. PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.4830

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1600.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 16
(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

A. DR. LAMAR J. BUSHNELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 168 NORTH BRENT STREET
 City State Zip Code
 VENTURA CA 93003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : SA11AI.4875
 Amount of Each Receipt this Period
 250.00

B. DR. D. TYLER GREENFIELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 SOUTHWOOD DRIVE
 City State Zip Code
 KINGSPORT TN 37664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WELLMONT CVA HEART INSTITUTE PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2013
Transaction ID : SA11AI.4855
 Amount of Each Receipt this Period
 365.00

C. DR. ROBERT A. GUSTAFSON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 9238
 City State Zip Code
 MORGANTOWN WV 26505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WEST VIRGINIA UNIVERSITY PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : SA11AI.4814
 Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional)..... ► 815.00
TOTAL This Period (last page this line number only)..... ►

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

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

FOR LINE NUMBER: PAGE 8 OF 16
(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

A. DR. DAVID L. HOLLAND
 Full Name (Last, First, Middle Initial)
 Mailing Address 4452 DESERT BLOOM COURT
 City LAS VEGAS State NV Zip Code 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CV SURGERY SOUTHERN NEVADA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : SA11AI.4815
 Amount of Each Receipt this Period
 250.00

B. DR. FORREST L. JUNOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5412 TREE SIDE DRIVE
 City CARMICHAEL State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RETIRED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2013
Transaction ID : SA11AI.4836
 Amount of Each Receipt this Period
 250.00

C. DR. JAMES D. LUKETICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 SWEET WATER LANE
 City PITTSBURGH State PA Zip Code 15238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPMC PRESBYTERIAN Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : SA11AI.4866
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
<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

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

A. DR. XAVIER MOUSSET
Full Name (Last, First, Middle Initial)

Mailing Address 3223 HENDERSON BAYOU ROAD

City LAKE CHARLES	State LA	Zip Code 70605
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FEC ID number of contributing federal political committee. **C**

Name of Employer CHRISTUS ST. PATRICK MEDICAL	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

Transaction ID : SA11AI.4817

Amount of Each Receipt this Period
500.00

B. DR. MICHAEL C. MURPHY
Full Name (Last, First, Middle Initial)

Mailing Address 217 LINDEN AVENUE

City ST. LOUIS	State MO	Zip Code 63105
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FEC ID number of contributing federal political committee. **C**

Name of Employer CTV, INC.	Occupation PHYSICIAN
-------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

Transaction ID : SA11AI.4819

Amount of Each Receipt this Period
500.00

C. DR. JOHN MYERS
Full Name (Last, First, Middle Initial)

Mailing Address 1401 EAST STATE STREET

City ROCKFORD	State IL	Zip Code 61104
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FEC ID number of contributing federal political committee. **C**

Name of Employer THE HEART HOSPITAL	Occupation PHYSICIAN
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2013

Transaction ID : SA11AI.4889

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 16
(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

A. DR. STEVEN S. SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 ROFFINGHAMS WAY
 City WILLIAMSBURG State VA Zip Code 23185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RIVERSIDE MEDICAL GROUP Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2013
Transaction ID : SA11AI.4890
 Amount of Each Receipt this Period
 500.00

B. DR. DONATO SISTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 ELIZABETH LANE
 City RYE State NH Zip Code 03870
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOSPITAL CORP. OF AMERICA Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2013
Transaction ID : SA11AI.4884
 Amount of Each Receipt this Period
 1000.00

C. DR. JOHN THAYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 ASYLUM AVENUE
 City HARTFORD State CT Zip Code 06105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT SURGERY, PC Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : SA11AI.4821
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 16
(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

A. DR. LEAR VAN KOCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 720 MADISON AVENUE
 City State Zip Code
 SCRANTON PA 18510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : SA11AI.4872
 Amount of Each Receipt this Period
 300.00

B. DR. GEORGE ZORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 OLD IVY ROAD
 City State Zip Code
 IRONDALE AL 35210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : SA11AI.4823
 Amount of Each Receipt this Period
 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	6930.00

**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)

<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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2013

Transaction ID : SB21B.4858

Amount of Each Disbursement this Period

15.44

Full Name (Last, First, Middle Initial)

B. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : SB21B.4859

Amount of Each Disbursement this Period

25.32

Full Name (Last, First, Middle Initial)

C. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2013

Transaction ID : SB21B.4828

Amount of Each Disbursement this Period

93.95

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

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

134.71

**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)

<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

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2013

Transaction ID : SB21B.4909

Amount of Each Disbursement this Period

40.56

Full Name (Last, First, Middle Initial)

B. SUNTRUST BANK

Mailing Address 3440 WISCONSIN AVENUE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 19 / 2013

Transaction ID : SB21B.4915

Amount of Each Disbursement this Period

123.42

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

163.98

298.69

**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)

<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. BILL FLORES FOR CONGRESS

Mailing Address P.O. BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BILL FLORES

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2013			

Transaction ID : SB23.4848

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNA CHRISTENSEN CAMPAIGN

Mailing Address P.O. BOX 5197

City ST. CROIX State VI Zip Code 00823

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DONNA M. CHRISTENSEN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VI District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2013			

Transaction ID : SB23.4845

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE PITTS

Mailing Address P.O. BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOSEPH R. PITTS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2013			

Transaction ID : SB23.4897

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)..... ▶

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**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)

<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. FRIENDS OF JOHN BARRASSO

Mailing Address P.O. BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement CONTRIBUTION

Candidate Name **JOHN A. BARRASSO**

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: WY District: 00

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2013

Transaction ID : **SB23.4906**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GRASSLEY COMMITTEE

Mailing Address P.O. BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement CONTRIBUTION

Candidate Name **CHARLES E. GRASSLEY**

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: IA District: 00

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2013

Transaction ID : **SB23.4851**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVENUE

City ROCHESTER State NY Zip Code 14607

Purpose of Disbursement CONTRIBUTION

Candidate Name **LOUISE MCINTOSH SLAUGHTER**

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) ▼
 State: NY District: 25

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2013

Transaction ID : **SB23.4898**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)

<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. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 SECOND STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 04 / 2013

Transaction ID : SB23.4826

Amount of Each Disbursement this Period

5000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 YOUNGFIELD STREET

City WHEAT RIDGE State CO Zip Code 80033

Purpose of Disbursement
CONTRIBUTION

Candidate Name

EDWIN G. PERLMUTTER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 07

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2013

Transaction ID : SB23.4892

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. UDALL FOR COLORADO

Mailing Address P.O. BOX 40158

City DENVER State CO Zip Code 80204

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MARK E. UDALL

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2013

Transaction ID : SB23.4901

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

7000.00

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

13000.00