

**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="56523.95"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12340.00"/>	<input type="text" value="66958.00"/>
(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="68863.95"/>	<input type="text" value="154363.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15872.72"/>	<input type="text" value="101372.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52991.23"/>	<input type="text" value="52991.23"/>
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).....	10365.00	59225.00
(ii) Unitemized	1975.00	6733.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12340.00	65958.00
(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)	12340.00	65958.00
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))..... ▶	12340.00	66958.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12340.00	66958.00

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) 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	372.72	4007.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	372.72	4007.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	95000.00
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)) ..	15872.72	101372.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15872.72	101372.32

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)	12340.00	65958.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12340.00	63593.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	372.72	4007.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	372.72	4007.32

**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 18
(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. MARK S. ALLEN

Mailing Address 200 1ST STREET SOUTHWEST

City State Zip Code
 ROCHESTER MN 55905

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

Name of Employer Occupation
 MAYO CLINIC 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
 09 / 10 / 2013

Transaction ID : SA11AI.4637

Amount of Each Receipt this Period
 365.00

Full Name (Last, First, Middle Initial)
B. 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 ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2013

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. DR. CONSTANTINE L. ATHANASULEAS

Mailing Address 1530 3RD AVENUE SOUTH

City State Zip Code
 BIRMINGHAM AL 35294

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

Name of Employer Occupation
 UNIVERSITY OF ALABAMA 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
 09 / 26 / 2013

Transaction ID : SA11AI.4737

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

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

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

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FOR LINE NUMBER: PAGE 7 OF 18
(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. GLENN BARNHART
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 EAST JEFFERSON STREET
 City State Zip Code
 SEATTLE WA 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SWEDISH HEART & VASCULAR PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : SA11AI.4646
 Amount of Each Receipt this Period
 750.00

B. DR. RICHARD S. D'AGOSTINO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 NORTH ROAD
 City State Zip Code
 CARLISLE MA 01741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LAHEY CLINICAL MEDICAL CENTER PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2013
Transaction ID : SA11AI.4629
 Amount of Each Receipt this Period
 2000.00

C. DR. GANSEVOORT DUNNINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 MEADOWOOD LANE
 City State Zip Code
 ST. HELENA CA 94574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ST. HELENA HOSPITAL 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
 09 / 10 / 2013
Transaction ID : SA11AI.4651
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3250.00
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 18
(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)
A. DR. KIRK B. KANTER

Mailing Address 2370 BRIARCLIFF COMMONS

City ATLANTA State GA Zip Code 30345

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

Name of Employer EMORY UNIVERSITY Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 26 / 2013
Transaction ID : SA11AI.4745

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. DR. JOHN F. KRAHNERT

Mailing Address 50 BROOKLINE DRIVE

City PINEHURST State NC Zip Code 28374

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

Name of Employer FIRSTHEALTH OF THE CAROLINAS Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 09 / 02 / 2013
Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. DR. RAJ B. LAL

Mailing Address 2809 MEYERS ROAD

City OAK BROOK State IL Zip Code 60523

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 ▼
 500.00

Date of Receipt
 09 / 17 / 2013
Transaction ID : SA11AI.4713

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 9 OF 18
(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. CHARLES J. LUTZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 6833 HOLLISTON CIRCLE
 City FAYETTEVILLE State NY Zip Code 13066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UPSTATE MEDICAL UNIVERSITY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 09 / 18 / 2013
Transaction ID : SA11AI.4704
 Amount of Each Receipt this Period 500.00

B. DR. WALTER MCGREGOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 EAST NORTH AVENUE
 City PITTSBURGH State PA Zip Code 15212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MCGINNIS CV SURGICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 25 / 2013
Transaction ID : SA11AI.4731
 Amount of Each Receipt this Period 600.00

C. DR. JOE B. PUTNAM
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 OXFORD HOUSE
 City NASHVILLE State TN Zip Code 37232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer VANDERBILT UNIVERSITY MEDICAL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 17 / 2013
Transaction ID : SA11AI.4714
 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1450.00
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 18
(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. RONALD QUINTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 LILLY ROAD NORTHEAST
 City OLYMPIA State WA Zip Code 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer OLYMPIA CARDIAC SURGERY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 10 / 2013
Transaction ID : SA11AI.4644
 Amount of Each Receipt this Period 1000.00

B. DR. RAVISHANKAR RAMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 MEDICAL CENTER BOULEVARD
 City CHESTER State PA Zip Code 19013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CROZER KEYSTONE HEALTH Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2013
Transaction ID : SA11AI.4715
 Amount of Each Receipt this Period 500.00

C. DR. ANNA ROE
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 BLAKE STREET
 City DENVER State CO Zip Code 80205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FRONT RANGE CT&V SURGERY Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 18 / 2013
Transaction ID : SA11AI.4708
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 18
(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. JOHN A. ROUSOU
 Full Name (Last, First, Middle Initial)
 Mailing Address 759 CHESTNUT STREET
 City State Zip Code
 SPRINGFIELD MA 01107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDIAC SURGICAL ASSOCIATES PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 17 / 2013
Transaction ID : SA11AI.4717
 Amount of Each Receipt this Period
 300.00

B. DR. J. MICHAEL TUCHEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 2650 WARRENVILLE ROAD
 City State Zip Code
 DOWNERS GROVE IL 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDIAC SURGERY ASSOCIATES 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
 09 / 25 / 2013
Transaction ID : SA11AI.4733
 Amount of Each Receipt this Period
 500.00

C. DR. EDWARD T. WARREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 BAYVIEW POINT
 City State Zip Code
 HOT SPRINGS AR 71901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NATIONAL PARK MEDICAL CENTER 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
 09 / 26 / 2013
Transaction ID : SA11AI.4746
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	10365.00

**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
09 / 05 / 2013

Transaction ID : SB21B.4662

Amount of Each Disbursement this Period

13.00

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
09 / 04 / 2013

Transaction ID : SB21B.4663

Amount of Each Disbursement this Period

25.40

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
09 / 03 / 2013

Transaction ID : SB21B.4660

Amount of Each Disbursement this Period

59.95

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

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

98.35

**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) ▼

Date of Disbursement: MM / DD / YYYY
09 / 10 / 2013

Transaction ID : **SB21B.4661**

Amount of Each Disbursement this Period
34.95

Category/Type

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) ▼

Date of Disbursement: MM / DD / YYYY
09 / 20 / 2013

Transaction ID : **SB21B.4749**

Amount of Each Disbursement this Period
118.60

Category/Type

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) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶	153.55
TOTAL This Period (last page this line number only).....▶	251.90

**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. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address BOX 137

City SPOKANE State WA Zip Code 99210

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CATHY MCMORRIS RODGERS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

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

Transaction ID : SB23.4683

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address P.O. BOX 1372

City VERNON State CT Zip Code 06066

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOSEPH D. COURTNEY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

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

Transaction ID : SB23.4667

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COURTNEY FOR CONGRESS

Mailing Address P.O. BOX 1372

City VERNON State CT Zip Code 06066

Purpose of Disbursement
Redesignate: CONTRIBUTION

Candidate Name

JOSEPH D. COURTNEY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

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

Transaction ID : SB23.4721

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]

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

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

2000.00

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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. COURTNEY FOR CONGRESS

Mailing Address P.O. BOX 1372

City VERNON State CT Zip Code 06066

Purpose of Disbursement REDESIGNATE 09/12/2013 CONTRIBUTION

Candidate Name **JOSEPH D. COURTNEY**

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) Convention
 State: CT District: 02

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : **SB23.4722**

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CROWLEY FOR CONGRESS

Mailing Address 84-56 GRAND AVENUE

City ELMHURST State NY Zip Code 11373

Purpose of Disbursement CONTRIBUTION

Candidate Name **JOSEPH CROWLEY**

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify) Convention
 State: NY District: 14

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : **SB23.4673**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address P.O. BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement CONTRIBUTION

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Convention
 State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2013

Transaction ID : **SB23.4692**

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

**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. FRIENDS OF DAN MAFFEI

Mailing Address P.O. BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DANIEL B. MAFFEI

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2013

Transaction ID : SB23.4726

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PATRICK J. TOOMEY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

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

Transaction ID : SB23.4686

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF VAL ARKOOSH

Mailing Address P.O. BOX 1011

City GLENSIDE State PA Zip Code 19038

Purpose of Disbursement
CONTRIBUTION

Candidate Name

VALERIE A. ARKOOSH

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2013

Transaction ID : SB23.4723

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

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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. JIM GERLACH FOR CONGRESS

Mailing Address P.O. BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JIM GERLACH

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	3

Transaction ID : SB23.4676

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KEVIN MCCARTHY

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	3

Transaction ID : SB23.4682

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address P.O. BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement
CONTRIBUTION

Candidate Name

SANDER M. LEVIN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	3

Transaction ID : SB23.4679

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

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

4	0	0	0	0	0	0	0	0	0

4	0	0	0	0	0	0	0	0	0

