



**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="2011"/>	<input type="text" value="71036.84"/>	<input type="text" value="71036.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92334.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="16895.00"/>	<input type="text" value="127573.00"/>
(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="109229.55"/>	<input type="text" value="198609.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6441.13"/>	<input type="text" value="95821.42"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102788.42"/>	<input type="text" value="102788.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

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).....	14745.00	114420.00
(ii) Unitemized .....	2150.00	13153.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16895.00	127573.00
(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) .....	16895.00	127573.00
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 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))..... ▶	16895.00	127573.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16895.00	127573.00

**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 .....	941.13	6321.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	941.13	6321.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	89000.00
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 .....	500.00	500.00
(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)).....	500.00	500.00
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)) ..	6441.13	95821.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6441.13	95821.42

**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) .....	16895.00	127573.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16395.00	127073.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	941.13	6321.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	941.13	6321.42



**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 24  
(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**

**A. Dr. Vinay Badhwar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Lothrop Street  
 City Pittsburgh State PA Zip Code 15213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pittsburgh Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : SA11AI.10826**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Glenn Barnhart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 14th Avenue East  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Swedish Medical Center Occupation 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 Y  
 12 / 20 / 2011  
**Transaction ID : SA11AI.10815**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Joseph E. Bavaria**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 Spruce Street  
 City Philadelphia State PA Zip Code 19104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Pennsylvania Occupation 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 Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.10808**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**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 8 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Edward V. Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 New Scotland Avenue  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Albany Medical College 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 / 29 / 2011  
**Transaction ID : SA11Al.10856**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. R. Morton Bolman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 831 Beacon Street  
 City Newton State MA Zip Code 02459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Brigham and Women's Physicians 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 / 23 / 2011  
**Transaction ID : SA11Al.10837**  
 Amount of Each Receipt this Period  
 500.00

**C. Phillip A. Bongiorno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2010 McNamera Court  
 City Woodbridge State VA Zip Code 22191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Society of Thoracic Surgeons Occupation Gov't Relations Director  
 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  
 12 / 16 / 2011  
**Transaction ID : SA11Al.10813**  
 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: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. James R. Edgerton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : SA11AI.10840</b>
Mailing Address 11246 Shelterwood Circle		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75229
FEC ID number of contributing federal political committee. C		
Name of Employer Health Texas Provider Network	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. T. Arthur Edgerton</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2011 <b>Transaction ID : SA11AI.10781</b>
Mailing Address 1 Royal Dornoch Lane		Amount of Each Receipt this Period 500.00
City Pinehurst	State NC	Zip Code 28374
FEC ID number of contributing federal political committee. C		
Name of Employer Moore Regional Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Victor A. Ferraris</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2011 <b>Transaction ID : SA11AI.10817</b>
Mailing Address 628 Summershade Circle		Amount of Each Receipt this Period 365.00
City Lexington	State KY	Zip Code 40502
FEC ID number of contributing federal political committee. C		
Name of Employer University of Kentucky	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 24  
(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. Jonathan A. Hammond Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Seymour Street  
 City Hartford State CT Zip Code 06106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hartford Healthcare Occupation 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 Y  
 12 / 21 / 2011  
**Transaction ID : SA11AI.10827**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. David R. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3303 Rosewood Lane  
 City Charlottesville State VA Zip Code 22903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Virginia Occupation 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 Y  
 12 / 24 / 2011  
**Transaction ID : SA11AI.10844**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Kenneth Liao**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 Delaware Street  
 City Minneapolis State MN Zip Code 55455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Minnesota Occupation 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 Y  
 12 / 22 / 2011  
**Transaction ID : SA11AI.10809**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**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 11 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. Michael P. Macris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1631 North Loop West

City Houston State TX Zip Code 77008

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

Name of Employer Memorial Hermann Hospital 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 / 22 / 2011

**Transaction ID : SA11AI.10811**

Amount of Each Receipt this Period  
 250.00

**B. Dr. Walter H. Merrill**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Waterford Place

City Jackson State MS Zip Code 39211

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

Name of Employer University of Mississippi Occupation 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  
 12 / 30 / 2011

**Transaction ID : SA11AI.10861**

Amount of Each Receipt this Period  
 1000.00

**C. Dr. John C. Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 East State Street

City Rockford State IL Zip Code 61104

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

Name of Employer Swedish American Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2011

**Transaction ID : SA11AI.10812**

Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1450.00
<b>TOTAL</b> 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 12 OF 24  
(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
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NAME OF COMMITTEE (In Full)  
**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Dr. David A. Ott**

Mailing Address P.O. Box 20345

City State Zip Code  
Houston TX 77225

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

Name of Employer Occupation  
Surgical Associates of Texas Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
12 / 20 / 2011  
**Transaction ID : SA11AI.10822**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Edmond W. Owen**

Mailing Address 3980 New Covington Pike

City State Zip Code  
Memphis TN 38128

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

Name of Employer Occupation  
Owen Clinic Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
12 / 13 / 2011  
**Transaction ID : SA11AI.10788**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Carolyn E. Reed**

Mailing Address 39 Broughton Road

City State Zip Code  
Charleston SC 29407

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

Name of Employer Occupation  
Medical University of SC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 14 / 2011  
**Transaction ID : SA11AI.10782**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00

**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 13 OF 24  
(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
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NAME OF COMMITTEE (In Full)  
**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

**A. Dr. Evelio Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 Moye Boulevard  
City Greenville State NC Zip Code 27834  
FEC ID number of contributing federal political committee. **C**  
Name of Employer East Carolina Heart Institute Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 12 / 13 / 2011  
**Transaction ID : SA11AI.10790**  
Amount of Each Receipt this Period 250.00

**B. Dr. John D. Sadoff**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1800 South Brentwood Boulevard  
City St. Louis State MO Zip Code 63144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CT Surgery Associates Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 225.00

Date of Receipt 12 / 21 / 2011  
**Transaction ID : SA11AI.10828**  
Amount of Each Receipt this Period 100.00

**C. Dr. Michael F. Teodori**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1501 North Campbell Avenue  
City Tucson State AZ Zip Code 85724  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Arizona Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 12 / 23 / 2011  
**Transaction ID : SA11AI.10843**  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... **850.00**  
**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 14 OF 24
	<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. Timothy L. Van Natta**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 West Carson Street

City Torrance State CA Zip Code 90509

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

Name of Employer Los Angeles County Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2011  
**Transaction ID : SA11Al.10859**

Amount of Each Receipt this Period 500.00

**B. Dr. Lawrence M. Wei**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Lothrop Street

City Pittsburgh State PA Zip Code 15213

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

Name of Employer University of Pittsburgh Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 13 / 2011  
**Transaction ID : SA11Al.10795**

Amount of Each Receipt this Period 365.00

**C. Dr. J. Nilas Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 2221 Stockton Boulevard

City Sacramento State CA Zip Code 95817

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

Name of Employer University of California Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 20 / 2011  
**Transaction ID : SA11Al.10823**

Amount of Each Receipt this Period 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	14745.00

**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 / 13 / 2011

**Transaction ID : SB21B.10786**

Amount of Each Disbursement this Period

23.24

**B. American Express**

Full Name (Last, First, Middle Initial)

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 / 22 / 2011

**Transaction ID : SB21B.10802**

Amount of Each Disbursement this Period

24.38

**C. American Express**

Full Name (Last, First, Middle Initial)

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 / 28 / 2011

**Transaction ID : SB21B.10863**

Amount of Each Disbursement this Period

4.95

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

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

52.57

**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 Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : **SB21B.10785**

Amount of Each Disbursement this Period

423.94

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2011

Transaction ID : **SB21B.10784**

Amount of Each Disbursement this Period

49.00

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 Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2011

Transaction ID : **SB21B.10875**

Amount of Each Disbursement this Period

72.45

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

545.39

**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)

<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 Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2011

**Transaction ID : SB21B.10804**

Amount of Each Disbursement this Period

3.51

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 16 / 2011

**Transaction ID : SB21B.10805**

Amount of Each Disbursement this Period

0.03

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 Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2011

**Transaction ID : SB21B.10806**

Amount of Each Disbursement this Period

0.15

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

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

3.69

# 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 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 Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		21		2011

Transaction ID : SB21B.10867

Amount of Each Disbursement this Period

68.17
-------

Full Name (Last, First, Middle Initial)

### B. Merchant Services

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2011

Transaction ID : SB21B.10868

Amount of Each Disbursement this Period

44.70
-------

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 Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2011

Transaction ID : SB21B.10869

Amount of Each Disbursement this Period

2.97
------

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

115.84
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**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 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 Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		24		2011

**Transaction ID : SB21B.10870**

Amount of Each Disbursement this Period

9.91
------

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		26		2011

**Transaction ID : SB21B.10871**

Amount of Each Disbursement this Period

0.03
------

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 Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2011

**Transaction ID : SB21B.10807**

Amount of Each Disbursement this Period

15.14
-------

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

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

25.08
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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 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 Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2011

Transaction ID : **SB21B.10865**

Amount of Each Disbursement this Period

2.85
------

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2011

Transaction ID : **SB21B.10872**

Amount of Each Disbursement this Period

0.36
------

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 Card Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		29		2011

Transaction ID : **SB21B.10873**

Amount of Each Disbursement this Period

0.69
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3.90
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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 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 Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2011

Transaction ID : **SB21B.10874**

Amount of Each Disbursement this Period

57.51

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Credit Card Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2011

Transaction ID : **SB21B.10876**

Amount of Each Disbursement this Period

32.73

Full Name (Last, First, Middle Initial)

**C. SunTrust**

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

MM / DD / YYYY  
12 / 20 / 2011

Transaction ID : **SB21B.10803**

Amount of Each Disbursement this Period

104.42

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

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

194.66

941.13

**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. CITIZENS FOR ALTMIRE**

Mailing Address P.O. BOX 1776

City: FREEDOM State: PA Zip Code: 15042

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **JASON ALTMIRE**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: PA District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 21 / 2011

Transaction ID : **SB23.10801**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF MAX BAUCUS**

Mailing Address P.O. BOX 586

City: HELENA State: MT Zip Code: 59624

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **MAX BAUCUS**

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: MT District: 00

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2011

Transaction ID : **SB23.10797**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. BOX 730

City: HONEOYE State: NY Zip Code: 14471

Purpose of Disbursement: CONTRIBUTION

Candidate Name: **LOUISE M. SLAUGHTER**

Office Sought:  House  Senate  President  
 Disbursement For: 2012  Primary  General  Other (specify) ▼  
 State: NY District: 28

Date of Disbursement

MM / DD / YYYY  
12 / 14 / 2011

Transaction ID : **SB23.10800**

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. RE-ELECT MCGOVERN COMMITTEE**

Mailing Address P.O. BOX 60405

City WORCESTER State MA Zip Code 01606

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JIM MCGOVERN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB23.10798**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TIM MURPHY FOR CONGRESS**

Mailing Address P.O. BOX 24551

City PITTSBURGH State PA Zip Code 15234

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**TIM MURPHY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2011

**Transaction ID : SB23.10799**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

2000.00

5000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Dr. Kenneth Liao**

Mailing Address 420 Delaware Street

City Minneapolis State MN Zip Code 55455

Purpose of Disbursement  
REFUND 12/22/2011 CONTRIBUTION

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 / 30 / 2011

**Transaction ID : SB28A.10866**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.**

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

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)..... ▶

500.00

500.00