

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  06 / 01 / 2014 through  06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer DR. DOUGLAS J. MATHISEN [Electronically Filed] Date  07 / 11 / 2014

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

**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="2014"/>		52404.84
(b) Cash on Hand at Beginning of Reporting Period.....	55830.60	
(c) Total Receipts (from Line 19) .....	4455.00	54719.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60285.60	107123.84
7. Total Disbursements (from Line 31).....	23835.10	70673.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36450.50	36450.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 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).....	3715.00	48895.00
(ii) Unitemized .....	740.00	5824.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4455.00	54719.00
(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) .....	4455.00	54719.00
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))..... ▶	4455.00	54719.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4455.00	54719.00

**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 .....	335.10	3073.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	335.10	3073.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	67500.00
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	100.00
(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	100.00
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)) ..	23835.10	70673.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23835.10	70673.34

**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) .....	4455.00	54719.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4455.00	54619.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	335.10	3073.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	335.10	3073.34

**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 14  
(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 State Zip Code  
 PITTSBURGH PA 15213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UNIVERSITY OF PITTSBURGH 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  
 06 / 27 / 2014  
**Transaction ID : SA11AI.5270**  
 Amount of Each Receipt this Period  
 1000.00

**B. DR. MICHAEL DAVIDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 MASSASOIT ROAD  
 City State Zip Code  
 WELLESLEY MA 02481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BRIGHAM & WOMEN'S HOSPITAL 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  
 06 / 04 / 2014  
**Transaction ID : SA11AI.5233**  
 Amount of Each Receipt this Period  
 365.00

**C. DR. JOHN C. MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 EAST STATE STREET  
 City State Zip Code  
 ROCKFORD IL 61104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE HEART HOSPITAL PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 10 / 2014  
**Transaction ID : SA11AI.5238**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1465.00  
**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 14  
(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. JOE B. PUTNAM**

Mailing Address 515 WESTVIEW AVENUE

City State Zip Code  
 NASHVILLE TN 37205

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

Name of Employer Occupation  
 VANDERBILT UNIVERSITY MEDICAL PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 03 / 2014  
**Transaction ID : SA11AI.5236**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. DR. JOHN D. RUMISEK**

Mailing Address 515 BRANDON ROAD

City State Zip Code  
 LOUISVILLE KY 40207

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

Name of Employer Occupation  
 CV SURGICAL CARE PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 23 / 2014  
**Transaction ID : SA11AI.5264**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. DR. LARS G. SVENSSON**

Mailing Address 9500 EUCLID AVENUE

City State Zip Code  
 CLEVELAND OH 44195

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

Name of Employer Occupation  
 CLEVELAND CLINIC PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 06 / 06 / 2014  
**Transaction ID : SA11AI.5230**

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: PAGE 8 OF 14  
(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. BRUCE TOPOROFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 NORTH ROSE AVENUE  
 City OXNARD State CA Zip Code 93030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CV&T SURGEONS 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  
 06 / 25 / 2014  
**Transaction ID : SA11AI.5268**  
 Amount of Each Receipt this Period  
 1000.00

**B.**  
 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 Y  
 Amount of Each Receipt this Period

**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 Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3715.00

**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  
06 / 05 / 2014

Transaction ID : SB21B.5216

Amount of Each Disbursement this Period

46.80

**B. MERCHANT SERVICES**

Full Name (Last, First, Middle Initial)

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  
06 / 02 / 2014

Transaction ID : SB21B.5218

Amount of Each Disbursement this Period

66.95

**C. MERCHANT SERVICES**

Full Name (Last, First, Middle Initial)

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  
06 / 10 / 2014

Transaction ID : SB21B.5219

Amount of Each Disbursement this Period

79.85

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

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

193.60

**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. 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  
06 / 19 / 2014

**Transaction ID : SB21B.5263**

Amount of Each Disbursement this Period

114.26

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)..... ▶

114.26

307.86

**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. BENNET FOR COLORADO**

Mailing Address P.O. BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement CONTRIBUTION

Candidate Name  
**MICHAEL F. BENNET**

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

Date of Disbursement

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : **SB23.5247**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE**

Mailing Address 430 SOUTH CAPITOL STREET, SE

City WASHINGTON State DC Zip Code 20003

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  
06 / 30 / 2014

Transaction ID : **SB23.5262**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
06 / 13 / 2014

Transaction ID : **SB23.5250**

Amount of Each Disbursement this Period

1000.00

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

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

8500.00

**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 JOHN BOEHNER**

Mailing Address 7908 CINCINNATI DAYTON ROAD

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**JOHN A. BOEHNER**

Office Sought:  House  
 Senate  
 President

State: OH District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : SB23.5227**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Mailing Address 192 LEXINGTON AVENUE

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**CHARLES E. SCHUMER**

Office Sought:  House  
 Senate  
 President

State: NY District: 00

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : SB23.5223**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. NANCY PELOSI FOR CONGRESS**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**NANCY PELOSI**

Office Sought:  House  
 Senate  
 President

State: CA District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

**Transaction ID : SB23.5226**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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. NEW DEMOCRAT COALITION PAC**

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : **SB23.5260**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2014

Transaction ID : **SB23.5256**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PETE SESSIONS FOR CONGRESS**

Mailing Address P.O. BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**PETE SESSIONS**

Office Sought:  House  Senate  President  
State: TX District: 32

Disbursement For: 2014  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2014

Transaction ID : **SB23.5220**

Amount of Each Disbursement this Period

2000.00

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

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

5500.00

