

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 20 F STREET, NW
SUITE 310 C
 Check if different than previously reported. (ACC)
WASHINGTON DC 20001 6704

2. **FEC IDENTIFICATION NUMBER** C00325936
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) 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 01 01 2011 through 01 31 2011

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. Sidney Levitsky

Signature of Treasurer Electronically Filed by Dr. Sidney Levitsky Date 02 10 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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"/>		71036.84
(b) Cash on Hand at Beginning of Reporting Period	71036.84	
(c) Total Receipts (from Line 19)	31175.00	31175.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	102211.84	102211.84
7. Total Disbursements (from Line 31)	629.38	629.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101582.46	101582.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

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)	29480.00	29480.00
(ii) Unitemized	1695.00	1695.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31175.00	31175.00
(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)	31175.00	31175.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31175.00	31175.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31175.00	31175.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	629.38	629.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	629.38	629.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election 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))..	629.38	629.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	629.38	629.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	31175.00	31175.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31175.00	31175.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	629.38	629.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	629.38	629.38

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

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

Full Name (Last, First, Middle Initial)

Dr. Kevin D. Accola

Mailing Address 5101 Cranes Point

City State Zip Code
Orlando FL 32839

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

Name of Employer Occupation
CV Surgeons Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10334

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Shanda H. Blackmon

Mailing Address 3741 Robinhood Street

City State Zip Code
Houston TX 77005

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

Name of Employer Occupation
The Methodist Hospital Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.10342

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr. John H. Calhoun

Mailing Address 24 Arnold Palmer

City State Zip Code
San Antonio TX 78257

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

Name of Employer Occupation
UT Health Science Center Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10345

Amount of Each Receipt this Period
1000.00

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 7 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. Andrea J. Carpenter

Mailing Address 7703 Floyd Curl Drive

City State Zip Code
San Antonio TX 78229

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

Name of Employer Occupation
UT Health Science Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: SA11AI.10346

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael P. Caskey

Mailing Address 7740 North Mockingbird Lane

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Southwest Heart & Lung Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: SA11AI.10347

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. F. Hammond Cole, Jr.

Mailing Address 6195 Boskey Drive

City State Zip Code
Millington TN 38053

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

Name of Employer Occupation
University of Tennessee Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2011

Transaction ID: SA11AI.10300

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: PAGE 8 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. William H. Coltharp

Mailing Address 4230 Harding Pike

City State Zip Code
Nashville TN 37205

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

Name of Employer St. Thomas Hospital Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.10316

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. L. Scott Cook

Mailing Address 2314 County Road

City State Zip Code
Sidney IL 61877

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

Name of Employer Carle Clinic Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.10288

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Charles D. Cousar

Mailing Address 836 Prudential Drive

City State Zip Code
Jacksonville FL 32207

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

Name of Employer CT&V Surgical Associates Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.10348

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. Richard S. D'Agostino

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 Clinic 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
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.10289

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Richard H. Feins

Mailing Address 10424 Stone

City State Zip Code
Chapel Hill NC 27517

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

Name of Employer Occupation
University of North Carolina 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
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.10349

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. David W. Frantz

Mailing Address 2410 Atherholt Road

City State Zip Code
Lynchburg VA 24501

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

Name of Employer Occupation
Centra Health 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
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.10317

Amount of Each Receipt this Period
1000.00

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 10 / 21

(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.

Full Name (Last, First, Middle Initial)
Dr. Richard K. Freeman

Mailing Address 11685 Bradford Place

City State Zip Code
Carmel IN 40633

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

Name of Employer Occupation
Corvasc Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10350

Amount of Each Receipt this Period

1000.00

B.

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

Mailing Address 375 Lafayette Street

City State Zip Code
Denver CO 80218

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

Name of Employer Occupation
University of Colorado Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.10351

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Dr. Anthony P. Furnary

Mailing Address 7266 Southwest Eton Court

City State Zip Code
Portland OR 97225

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

Name of Employer Occupation
Starr-Wood Cardiac Group Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10352

Amount of Each Receipt this Period

1000.00

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 11 / 21
(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.

Full Name (Last, First, Middle Initial)
Dr. Stanley A. Gall

Mailing Address 1621 Burgh Heath Drive

City Kingsport State TN Zip Code 37660

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

Name of Employer Wellmont Health System 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
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.10353

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. D. Tyler Greenfield

Mailing Address 2050 Meadowview Parkway

City Kingsport State TN Zip Code 37660

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

Name of Employer Wellmont CVA Heart Institute Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.10313

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Dr. Frederick L. Grover

Mailing Address 3000 East Cedar Avenue

City Denver State CO Zip Code 80209

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

Name of Employer University of Colorado 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
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.10330

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 21

(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.	Full Name (Last, First, Middle Initial) Dr. Michael P. Halpin		Date of Receipt	
	Mailing Address 2317 Crosswind Drive		M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.10290
	Kalamazoo	MI	49008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	500.00	
Name of Employer Bronson Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) Dr. George L. Hicks		Date of Receipt	
	Mailing Address 601 Elmwood Hill Lane		M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.10354
	Rochester	NY	14642	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	1000.00	
Name of Employer University of Rochester		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

C.	Full Name (Last, First, Middle Initial) Dr. Keith A. Horvath		Date of Receipt	
	Mailing Address 4622 Charleston Terrace, NW		M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11AI.10335
	Washington	DC	20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	1000.00	
Name of Employer Suburban Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

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 / 21
(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.

Full Name (Last, First, Middle Initial)
Dr. Charles B. Huddleston

Mailing Address 14 Kingsbury Place

City State Zip Code
St. Louis MO 63112

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

Name of Employer St. Louis Children's Hospital
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: SA11AI.10325

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Stephen J. Lahey

Mailing Address 400 East 52nd Street

City State Zip Code
New York NY 10022

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

Name of Employer Maimonides Medical Center
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: SA11AI.10357

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Raj B. Lal

Mailing Address 2809 Meyers Road

City State Zip Code
Oakbrook IL 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 ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2011

Transaction ID: SA11AI.10337

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 14 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. Juan E. Martin

Mailing Address 5320 South Rainbow Boulevard

City State Zip Code
Las Vegas NV 89118

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

Name of Employer: Community College of Nevada
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 01 / 31 / 2011
Transaction ID: SA11AI.10358
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Stephen Martin

Mailing Address 2108 East 3rd Road

City State Zip Code
Chattanooga TN 37404

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

Name of Employer: Alliance of CT&V Surgeons
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 01 / 18 / 2011
Transaction ID: SA11AI.10318
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas L. Matthew

Mailing Address 7105 Quiet Retreat Court

City State Zip Code
Niwot CO 80503

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

Name of Employer: Self
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt: 01 / 31 / 2011
Transaction ID: SA11AI.10332
Amount of Each Receipt this Period: 1000.00

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 15 / 21

(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.

Full Name (Last, First, Middle Initial)

Dr. Constantine Mavroudis

Mailing Address 130 Lakehurst Drive

City State Zip Code
Bratenahl OH 44108

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

Name of Employer Occupation
Cleveland Clinic Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.10359

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. John E. Mayer, Jr.

Mailing Address 30 Longwood Avenue

City State Zip Code
Boston MA 02115

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

Name of Employer Occupation
CHMC Cardiovascular Foundation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10360

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dr. Walter H. Merrill

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216

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

Name of Employer Occupation
University of Mississippi Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.10320

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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 16 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. Keith S. Naunheim

Mailing Address 52 Middlesex Drive

City State Zip Code
St. Louis MO 63144

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

Name of Employer St. Louis University Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10361

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. James E. O'Brien, Jr.

Mailing Address 11732 High Drive

City State Zip Code
Leawood KS 66211

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

Name of Employer Children's Mercy Hospital Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	1	1

Transaction ID: SA11AI.10294

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Aidan A. Raney

Mailing Address 447 Old Newport Boulevard

City State Zip Code
Newport Beach CA 92663

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

Name of Employer Self Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10362

Amount of Each Receipt this Period
1000.00

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 17 / 21
(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.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey B. Rich

Mailing Address 1325 North Bay Shore Drive

City State Zip Code
Virginia Beach VA 23451

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

Name of Employer Occupation
Mid-Atlantic CT Surgeons Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10363

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Mark F. Sand

Mailing Address 217 Hillcrest Street

City State Zip Code
Orlando FL 32801

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

Name of Employer Occupation
Cardiovascular Surgeons, P.A. Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11AI.10364

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. David M. Shahian

Mailing Address 31 Crescent Lane

City State Zip Code
Sudbury MA 01776

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

Name of Employer Occupation
Massachusetts General Hospital Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.10321

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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 18 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. John O. Thayer

Mailing Address 1000 Asylum Avenue

City State Zip Code
Hartford CT 06105

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

Name of Employer Occupation
CT Surgery Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2011

Transaction ID: SA11AI.10322

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Aaron L. Trachte

Mailing Address 7712 Wyatt Lake Drive

City State Zip Code
Lawton OK 73505

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

Name of Employer Occupation
Comanche County Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2011

Transaction ID: SA11AI.10309

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Gonzalo M. Vargas

Mailing Address 1207 Meadowlark Lane

City State Zip Code
Sugar Land TX 77478

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

Name of Employer Occupation
Texas Surgical Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2011

Transaction ID: SA11AI.10365

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

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 19 / 21
(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. Full Name (Last, First, Middle Initial)
Dr. Salim M. Walji

Mailing Address P.O. Box 4488

City State Zip Code
Albuquerque NM 87196

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

Name of Employer Lovelace 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
0 1 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.10339

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas C. Wozniak

Mailing Address 13855 Coldwater Drive

City State Zip Code
Carmel IN 46032

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

Name of Employer CV Surgical Services 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
0 1 / 1 4 / 2 0 1 1

Transaction ID: SA11AI.10310

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert A. Wynbrandt

Mailing Address 921 Dryden Lane

City State Zip Code
Highland Park IL 60035

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

Name of Employer Society of Thoracic Surgeons Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.10366

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:	PAGE 20 / 21
	(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.	Full Name (Last, First, Middle Initial) Dr. J. Nilas Young		Date of Receipt																					
	Mailing Address 2221 Stockton Boulevard		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		3	1		2	0	1	1														
	City State Zip Code Sacramento CA 95817		Transaction ID: SA11AI.10367																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																					
Name of Employer Occupation University of California Physician		Aggregate Year-to-Date ▼ 1000.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	29480.00

**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)

PAGE 21 / 21

<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

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10370 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	Amount of Each Disbursement this Period 193.38 Category/Type
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Highway City Knoxville State TN Zip Code 37920 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.10298 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 221.56 Category/Type

SUBTOTAL of Disbursements This Page (optional)	414.94
TOTAL This Period (last page this line number only)	414.94