



**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<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 102788.42                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 102788.42               |                                   |
| (c) Total Receipts (from Line 19) .....  | 38945.00                | 38945.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 141733.42               | 141733.42                         |
| 7. Total Disbursements (from Line 31).....   | 3109.40                 | 3109.40                           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 138624.02               | 138624.02                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other   |                               |                                   |
| Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 36690.00                      | 36690.00                          |
| (ii) Unitemized .....   | 2255.00                       | 2255.00                           |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)..... ▶  | 38945.00                      | 38945.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees<br>(such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines<br>11(a)(iii), (b), and (c)) (Carry<br>Totals to Line 33, page 5) .....  | 38945.00                      | 38945.00                          |
| 12. Transfers From Affiliated/Other<br>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<br>(Refunds, Rebates, etc.)<br>(Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made<br>to Federal Candidates and Other<br>Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts<br>(Dividends, Interest, etc.).....  | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account<br>(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),<br>12, 13, 14, 15, 16, 17, and 18(c))..... ▶                           | 38945.00                      | 38945.00                          |
| 20. Total Federal Receipts<br>(subtract Line 18(c) from Line 19)..... ▶                                     | 38945.00                      | 38945.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 609.40                        | 609.40                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 609.40                        | 609.40                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 2500.00                       | 2500.00                           |
| 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                          | 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) 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)) ..      | 3109.40                       | 3109.40                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3109.40                       | 3109.40                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| <b>III. Net Contributions/Operating Expenditures</b>                                 | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 38945.00                              | 38945.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 38945.00                              | 38945.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 609.40                                | 609.40                                    |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 609.40                                | 609.40                                    |

**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 26  
(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. Nasser K. Altorki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Central Park West  
 City New York State NY Zip Code 10023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Weill Cornell Medical College 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  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10947**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Emile Bacha**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 1st Avenue  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Columbia University 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  
 01 / 01 / 2012  
**Transaction ID : SA11AI.10894**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Thomas M. Beaver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9605 Southwest 33rd Lane  
 City Gainesville State FL Zip Code 32608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Florida 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 Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10950**  
 Amount of Each Receipt this Period  
 365.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 26  
(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. Shanda H. Blackmon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3741 Robinhood Street  
 City Houston State TX Zip Code 77005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Methodist Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2012  
**Transaction ID : SA11AI.10893**  
 Amount of Each Receipt this Period 500.00

**B. Dr. John W. Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7970 North Illinois  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indianapolis University Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2012  
**Transaction ID : SA11AI.10915**  
 Amount of Each Receipt this Period 1000.00

**C. Dr. John H. Calhoon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Arnold Palmer  
 City San Antonio State TX Zip Code 78257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UT Health Science Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2012  
**Transaction ID : SA11AI.10952**  
 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 8 OF 26  
(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. Andrea J. Carpenter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29030 Cloud Croft Lane  
 City State Zip Code  
 Fair Oaks TX 78015  
 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  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10953**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Joseph C. Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9176 East Wesley Avenue  
 City State Zip Code  
 Denver CO 80231  
 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 ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10955**  
 Amount of Each Receipt this Period  
 1000.00

**c. Dr. Joseph S. Coselli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3942 Del Monte  
 City State Zip Code  
 Houston TX 77019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baylor College of Medicine 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 Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10956**  
 Amount of Each Receipt this Period  
 365.00

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 26                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <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)<br><b>A. Dr. Richard S. D'Agostino</b>  |                          | Date of Receipt   |
| Mailing Address 1022 North Road   |                          | <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City<br>Carlisle  | State<br>MA              | Zip Code<br>01741   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                          | <b>Transaction ID : SA11Al.10907</b>  |
| Name of Employer<br>Lahey Clinic  |                          | Amount of Each Receipt this Period  |
| Occupation<br>Physician   |                          | <input type="text" value="1000.00"/>  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
| <input type="text" value="1000.00"/>  |                          |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Alphonse DeLucia</b>   |                          | Date of Receipt   |
| Mailing Address 9734 East Gull Lake Drive   |                          | <input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2012"/> |
| City<br>Hickory Corners   | State<br>MI              | Zip Code<br>49060   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                          | <b>Transaction ID : SA11Al.10922</b>  |
| Name of Employer<br>Bronson Health Care   |                          | Amount of Each Receipt this Period  |
| Occupation<br>Physician   |                          | <input type="text" value="500.00"/>   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
| <input type="text" value="500.00"/>   |                          |   |

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr. Frank Detterbeck</b>   |                          | Date of Receipt   |
| Mailing Address 78 Country Lane   |                          | <input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2012"/> |
| City<br>Bethany   | State<br>CT              | Zip Code<br>06524   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/>                                    |                          | <b>Transaction ID : SA11Al.10908</b>  |
| Name of Employer<br>Yale University   |                          | Amount of Each Receipt this Period  |
| Occupation<br>Physician   |                          | <input type="text" value="500.00"/>   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ |   |
| <input type="text" value="500.00"/>   |                          |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="2000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>        |

**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 10 OF 26                |
|   | <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. Emery C. Douville**  
Full Name (Last, First, Middle Initial)

Mailing Address 5528 Southwest Hamilton Street

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Portland | State<br>OR | Zip Code<br>97221 |
|------------------|-------------|-------------------|

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

|                                       |                         |
|---------------------------------------|-------------------------|
| Name of Employer<br>The Oregon Clinic | Occupation<br>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 |
| 01    | / | 29    | / | 2012        |

**Transaction ID : SA11AI.10923**

Amount of Each Receipt this Period  
500.00

**B. Dr. Stephen M. Fall**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 West Curtisian Avenue

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Boise | State<br>ID | Zip Code<br>83704 |
|---------------|-------------|-------------------|

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

|   |                         |
|---|-------------------------|
| Name of Employer<br>St. Alphonsus Medical Group | Occupation<br>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 |
| 01    | / | 30    | / | 2012        |

**Transaction ID : SA11AI.10958**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 11685 Bradford Place

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Carmel | State<br>IN | Zip Code<br>40633 |
|----------------|-------------|-------------------|

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

|                             |                         |
|-----------------------------|-------------------------|
| Name of Employer<br>Corvasc | Occupation<br>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 |
| 01    | / | 30    | / | 2012        |

**Transaction ID : SA11AI.10959**

Amount of Each Receipt this Period  
500.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2000.00 |
| <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: (check only one)       | PAGE 11 OF 26                |
|   | <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. David A. Fullerton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 375 Lafayette Street  
 City Denver State CO Zip Code 80218  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10960**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Stanley A. Gall**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2012  
**Transaction ID : SA11AI.10924**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. D. Tyler Greenfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Southwood Drive  
 City Kingsport State TN Zip Code 37664  
 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 Y  
 01 / 19 / 2012  
**Transaction ID : SA11AI.10905**  
 Amount of Each Receipt this Period  
 365.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1865.00 |
| <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 26  
(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. Frederick L. Grover**  
Full Name (Last, First, Middle Initial)  
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 01 / 31 / 2012  
**Transaction ID : SA11AI.10916**  
Amount of Each Receipt this Period 1000.00

**B. Dr. Walter H. Halloran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Arcade Avenue  
City Elkhart State IN Zip Code 46514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elkhart General Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 19 / 2012  
**Transaction ID : SA11AI.10880**  
Amount of Each Receipt this Period 500.00

**C. Dr. John R. Handy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16955 Old River Drive  
City Lake Oswego State OR Zip Code 97034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence Cancer Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2012  
**Transaction ID : SA11AI.10917**  
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 13 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dr. John L. Harlan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2810 Acton Road  
 City Birmingham State AL Zip Code 35243  
 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 ▼ 250.00

Date of Receipt  
 01 / 31 / 2012  
**Transaction ID : SA11AI.10934**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. James R. Headrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1357 Falmouth Road  
 City Chattanooga State TN Zip Code 37405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ACTV Surgeons Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 01 / 31 / 2012  
**Transaction ID : SA11AI.10936**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. George L. Hicks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Elmwood Hill Lane  
 City Rochester State NY Zip Code 14642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10961**  
 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 14 OF 26  
(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. Robert S.D. Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1030 Pontiac Road  
 City Wilmette State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ohio State University Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012  
**Transaction ID : SA11AI.10881**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Keith A. Horvath**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4622 Charleston Terrace, NW  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Johns Hopkins 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  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10962**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. John S. Ikonomidis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 997 Johnnie Dodds Boulevard  
 City Mount Pleasant State SC Zip Code 29464  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Medical University of SC 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  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10963**  
 Amount of Each Receipt this Period  
 500.00

**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 OF 26  
(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. 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 01 / 30 / 2012  
Transaction ID : SA11AI.10964  
Amount of Each Receipt this Period 500.00

**B. Dr. Kirk R. Kanter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1405 Clifton Road  
City Atlanta State GA Zip Code 30322  
FEC ID number of contributing federal political committee. C  
Name of Employer Emory University Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2012  
Transaction ID : SA11AI.10965  
Amount of Each Receipt this Period 1000.00

**C. Dr. John J. Kelemen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2143 Columbine Terrace  
City Salina State KS Zip Code 67401  
FEC ID number of contributing federal political committee. C  
Name of Employer Salina Regional Health Center Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2012  
Transaction ID : SA11AI.10937  
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 16 OF 26  
(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. Raj B. Lal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2809 Meyers Road  
 City State Zip Code  
 Oakbrook IL 60523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 29 / 2012  
**Transaction ID : SA11Al.10926**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Paul S. Levy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5816 Mariola Place  
 City State Zip Code  
 Albuquerque NM 87111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New Mexico Heart Institute 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  
 01 / 02 / 2012  
**Transaction ID : SA11Al.10896**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Thomas E. MacGillivray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 Mount Vernon Street  
 City State Zip Code  
 Boston MA 02108  
 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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11Al.10918**  
 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 17 OF 26  
(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. Curtis C. Marder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2867 Northcrest Drive  
 City Marquette State MI Zip Code 49855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Marquette General Hospital 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 Y  
 01 / 29 / 2012  
**Transaction ID : SA11AI.10927**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr. M. Blair Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5914 Chesterbrook Road  
 City McLean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Med Star Health 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 Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10969**  
 Amount of Each Receipt this Period  
 365.00

**C. Dr. Douglas J. Mathisen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Pine Street  
 City Dover State MA Zip Code 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts General Hospital 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  
 01 / 31 / 2012  
**Transaction ID : SA11AI.10942**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1730.00  
**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 OF 26  
(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. Constantine Mavroudis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 150 East Robinson Street  
 City Orlando State FL Zip Code 32801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Hospital for Children Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2012  
**Transaction ID : SA11AI.10970**  
 Amount of Each Receipt this Period 500.00

**B. Dr. John E. Mayer Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Skyline Drive  
 City Wellesley State MA Zip Code 02482  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHMC Cardiovascular Foundation Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 31 / 2012  
**Transaction ID : SA11AI.10919**  
 Amount of Each Receipt this Period 1000.00

**C. Dr. Frederick A. Meadors**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Sunset Drive  
 City Little Rock State AR Zip Code 72207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Vincent Infirmary Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 30 / 2012  
**Transaction ID : SA11AI.10971**  
 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: (check only one)       | PAGE 19 OF 26                |
|   | <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)<br><b>A. Dr. Jeffrey C. Milliken</b>  |                                    |                   | Date of Receipt<br>MM / DD / YYYY<br>01 / 19 / 2012<br><b>Transaction ID : SA11AI.10883</b> |
| Mailing Address 14 Fairwind   |                                    |                   | Amount of Each Receipt this Period<br>250.00  |
| City<br>Newport Coast   | State<br>CA                        | Zip Code<br>92657 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |   |
| Name of Employer<br>University of California  | Occupation<br>Physician            |                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |                   |   |

|   |                                    |                   |   |
|---|------------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Gordon F. Murray</b>   |                                    |                   | Date of Receipt<br>MM / DD / YYYY<br>01 / 13 / 2012<br><b>Transaction ID : SA11AI.10897</b> |
| Mailing Address 4217 Skeffington Court  |                                    |                   | Amount of Each Receipt this Period<br>500.00  |
| City<br>Southport   | State<br>NC                        | Zip Code<br>28461 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |   |
| Name of Employer<br>West Virginia University  | Occupation<br>Physician            |                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |                   |   |

|   |                                     |                   |   |
|---|-------------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr. Keith S. Naunheim</b>  |                                     |                   | Date of Receipt<br>MM / DD / YYYY<br>01 / 30 / 2012<br><b>Transaction ID : SA11AI.10972</b> |
| Mailing Address 5635 Vista  |                                     |                   | Amount of Each Receipt this Period<br>1000.00   |
| City<br>St. Louis   | State<br>MO                         | Zip Code<br>63110 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                     |                   |   |
| Name of Employer<br>St. Louis University  | Occupation<br>Physician             |                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                   |   |

|  |         |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1750.00 |
| <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 20 OF 26  
(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)<br><b>A. Dr. Ahmad Nazem</b>  |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 26 / 2012<br><b>Transaction ID : SA11AI.10911</b> |  |  |
| Mailing Address 101 Union Avenue  |             |                                    | Amount of Each Receipt this Period<br>250.00   |  |  |
| City<br>Syracuse  | State<br>NY | Zip Code<br>13203                  |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                    |  |  |  |
| Name of Employer<br>Cardiac Surgery Associates  |             | Occupation<br>Physician            |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>250.00 |  |  |  |

|   |             |                                    |  |  |  |
|---|-------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dr. Robert G. Netzley</b>  |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 19 / 2012<br><b>Transaction ID : SA11AI.10884</b> |  |  |
| Mailing Address 285 Nob Hill Drive  |             |                                    | Amount of Each Receipt this Period<br>250.00   |  |  |
| City<br>Akron   | State<br>OH | Zip Code<br>44303                  |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                    |  |  |  |
| Name of Employer<br>Summit Vascular Specialists   |             | Occupation<br>Physician            |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>250.00 |  |  |  |

|   |             |                                    |  |  |  |
|---|-------------|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dr. Francis C. Nichols</b>   |             |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>01 / 30 / 2012<br><b>Transaction ID : SA11AI.10973</b> |  |  |
| Mailing Address 1034 Weatherhill Lane   |             |                                    | Amount of Each Receipt this Period<br>500.00   |  |  |
| City<br>Rochester   | State<br>MN | Zip Code<br>55902                  |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                    |  |  |  |
| Name of Employer<br>Mayo Clinic   |             | Occupation<br>Physician            |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>500.00 |  |  |  |

|  |         |
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| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <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 21 OF 26  
(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. G. Alexander Patterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3108 Queeny  
 City State Zip Code  
 St. Louis MO 63105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Washington University 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  
 01 / 30 / 2012  
**Transaction ID : SA11Al.10974**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Richard L. Prager**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3301 Timberwood Lane  
 City State Zip Code  
 Ann Arbor MI 48103-1769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Michigan 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  
 01 / 30 / 2012  
**Transaction ID : SA11Al.10975**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Jeffrey B. Rich**  
 Full Name (Last, First, Middle Initial)  
 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 Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11Al.10976**  
 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 22 OF 26  
(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. Thoralf M. Sundt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Acorn Street  
 City Boston State MA Zip Code 02108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts General Hospital 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 Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10978**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr. Ross M. Ungerleider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 Riverbend Drive  
 City Advance State NC Zip Code 27006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wake Forest Baptist Health 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  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10979**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. S. Russell Vester**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6525 Given Road  
 City Cincinnati State OH Zip Code 45243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CVTS, Inc. 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  
 01 / 31 / 2012  
**Transaction ID : SA11AI.10920**  
 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 23 OF 26  
(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. 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 Occupation  
Lovelace Medical Center Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11Al.10980**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Benjamin M. Westbrook**

Mailing Address 100 MacGregor Street

City State Zip Code  
Manchester NH 03110

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

Name of Employer Occupation  
CT Surgical Associates 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  
 01 / 01 / 2012  
**Transaction ID : SA11Al.10895**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Douglas E. Wood**

Mailing Address 1944 15th Avenue East

City State Zip Code  
Seattle WA 98112

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

Name of Employer Occupation  
University of Washington 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  
 01 / 12 / 2012  
**Transaction ID : SA11Al.10892**

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 24 OF 26  
(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. Mr. Robert A. Wynbrandt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 921 Dryden Lane  
 City Highland Park State IL Zip Code 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 Y Y  
 01 / 30 / 2012  
**Transaction ID : SA11AI.10981**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Stanley Ziomek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2360 Katy Lane  
 City Poplar Bluff State MO Zip Code 63901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Poplar Bluff Regional Medical 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  
 01 / 31 / 2012  
**Transaction ID : SA11AI.10943**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y 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).....▶ | 36690.00 |

# 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. 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 |
| 01    |   | 03    |   | 2012        |

Transaction ID : SB21B.10889

Amount of Each Disbursement this Period

|        |
|--------|
| 210.96 |
|--------|

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 |
| 01    |   | 10    |   | 2012        |

Transaction ID : SB21B.10901

Amount of Each Disbursement this Period

|       |
|-------|
| 72.45 |
|-------|

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 M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|        |
|--------|
| 283.41 |
|--------|

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

|        |
|--------|
| 283.41 |
|--------|

# 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. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01    |   | 23    |   | 2012        |

Mailing Address 430 SOUTH CAPITOL STREET, SE

**Transaction ID : SB23.10879**

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
CONTRIBUTION

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B.

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

City State Zip Code

Purpose of Disbursement

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

Mailing Address

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

City State Zip Code

Purpose of Disbursement

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

|         |
|---------|
| 2500.00 |
|---------|

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

|         |
|---------|
| 2500.00 |
|---------|