

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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

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

Signature of Treasurer DR. DOUGLAS J. MATHISEN [Electronically Filed] Date 08 / 10 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2015"/>	<input type="text" value="84511.43"/>	<input type="text" value="84511.43"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="97061.67"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9830.00"/>	<input type="text" value="99070.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="106891.67"/>	<input type="text" value="183581.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23273.77"/>	<input type="text" value="99963.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="83617.90"/>	<input type="text" value="83617.90"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2015 To: 07 / 31 / 2015

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).....	7000.00	85125.00
(ii) Unitemized	2830.00	13945.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9830.00	99070.00
(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)	9830.00	99070.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9830.00	99070.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9830.00	99070.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	273.77	3963.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	273.77	3963.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	96000.00
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)) ..	23273.77	99963.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23273.77	99963.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9830.00	99070.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9830.00	99070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	273.77	3963.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	273.77	3963.53

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. DR. DUKE E. CAMERON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2209 SOUTH ROAD
 City State Zip Code
 BALTIMORE MD 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 JOHNS HOPKINS 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
 07 / 29 / 2015
Transaction ID : SA11AI.6304
 Amount of Each Receipt this Period
 250.00

B. DR. JOHN CASTERLINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7019 LAKE RUN DRIVE
 City State Zip Code
 BIRMINGHAM AL 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CARDIO-THORACIC SURGEONS, PC 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
 07 / 03 / 2015
Transaction ID : SA11AI.6222
 Amount of Each Receipt this Period
 250.00

C. DR. STEPHEN J. DEWAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 WEST 40TH STREET
 City State Zip Code
 AUSTIN TX 78756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CT&V SURGEONS 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
 07 / 20 / 2015
Transaction ID : SA11AI.6258
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
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 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DR. T. ARTHUR EDGERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROYAL DORNACH LANE
 City State Zip Code
 PINEHURST NC 28374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MOORE REGIONAL HOSPITAL 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
 07 / 13 / 2015
Transaction ID : SA11AI.6212
 Amount of Each Receipt this Period
 1000.00

B. DR. RICHARD M. ENGELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 TANGLEWOOD DRIVE
 City State Zip Code
 LONGMEADOW MA 01106
 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
 07 / 13 / 2015
Transaction ID : SA11AI.6213
 Amount of Each Receipt this Period
 250.00

C. DR. ZANE HAMMOUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16108 COG HILL DRIVE
 City State Zip Code
 NORTHVILLE MI 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HENRY FORD HEALTH SYSTEM 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
 07 / 31 / 2015
Transaction ID : SA11AI.6299
 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 8 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DR. CONSTANTINE MAVROUDIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 EAST NEW ENGLAND AVENUE
 City State Zip Code
 WINTER PARK FL 32789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 FLORIDA HOSPITAL SYSTEM PHYSICIAN
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 530.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11AI.6215
 Amount of Each Receipt this Period
 500.00

B. DR. KEVIN B. MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 NORTH OGDEN STREET
 City State Zip Code
 DENVER CO 80218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SISTERS OF CHARITY 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
 07 / 06 / 2015
Transaction ID : SA11AI.6225
 Amount of Each Receipt this Period
 1000.00

C. DR. RONALD QUINTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 LILLY ROAD NORTHEAST
 City State Zip Code
 OLYMPIA WA 98506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OLYMPIA CARDIAC SURGERY 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
 07 / 13 / 2015
Transaction ID : SA11AI.6236
 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 9 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DR. ESFANDIAR SHAFII
 Full Name (Last, First, Middle Initial)
 Mailing Address 10318 ORANGE GROVE DRIVE
 City TAMPA State FL Zip Code 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11AI.6217
 Amount of Each Receipt this Period 750.00

B. DR. VINOD H. THOURANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 PINE RIDGE ROAD
 City ATLANTA State GA Zip Code 30324
 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 ▼ 250.00

Date of Receipt 07 / 13 / 2015
Transaction ID : SA11AI.6219
 Amount of Each Receipt this Period 250.00

C. DR. ROBERT F. TRANBAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address FIRST AVENUE @ 16TH STREET
 City NEW YORK State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MOUNT SINAI BETH ISRAEL Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 20 / 2015
Transaction ID : SA11AI.6264
 Amount of Each Receipt this Period 500.00

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 10 OF 18
(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. GEORGE ZORN

Mailing Address 3116 OLD IVY ROAD

City IRONDALE State AL Zip Code 35210

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

Name of Employer RETIRED Occupation PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 20 / 2015

Transaction ID : SA11AI.6265

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address P.O. BOX 53852

City PHOENIX State AZ Zip Code 85072

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.6232

Amount of Each Disbursement this Period

23.73

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 CARDS FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.6234

Amount of Each Disbursement this Period

66.95

Full Name (Last, First, Middle Initial)

C. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

City KNOXVILLE State TN Zip Code 37920

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2015

Transaction ID : SB21B.6235

Amount of Each Disbursement this Period

35.21

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

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

125.89

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUNTRUST BANK

Mailing Address 3440 WISCONSIN AVENUE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
BANK CHARGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

Transaction ID : SB21B.6250

Amount of Each Disbursement this Period

122.56

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

122.56

248.45

**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. BILIRAKIS FOR CONGRESS

Mailing Address P.O. BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GUS M. BILIRAKIS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : **SB23.6267**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address P.O. BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
CONTRIBUTION

Candidate Name

CHRISTOPHER C. COLLINS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : **SB23.6237**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ERIK PAULSEN

Mailing Address P.O. BOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
CONTRIBUTION

Candidate Name

ERIK PAULSEN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2015

Transaction ID : **SB23.6240**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JIM CLYBURN

Mailing Address P.O. BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement CONTRIBUTION

Candidate Name

JAMES E. CLYBURN

Office Sought: House Senate President

State: SC District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Transaction ID : SB23.6270

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN THUNE

Mailing Address P.O. BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement CONTRIBUTION

Candidate Name

JOHN R. THUNE

Office Sought: House Senate President

State: SD District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Transaction ID : SB23.6288

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF ROSA DELAURO

Mailing Address 129 CHURCH STREET

City NEW HAVEN State CT Zip Code 06510

Purpose of Disbursement CONTRIBUTION

Candidate Name

ROSA L. DELAURO

Office Sought: House Senate President

State: CT District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2015

Transaction ID : SB23.6274

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input 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. KAINE FOR VIRGINIA

Mailing Address 20 WEST MAPLE STREET

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement CONTRIBUTION

Candidate Name
TIMOTHY M. KAINE

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Transaction ID : SB23.6278

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KURT SCHRADER FOR CONGRESS

Mailing Address P.O. BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement CONTRIBUTION

Candidate Name
KURT SCHRADER

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Transaction ID : SB23.6285

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MIKE CRAPO FOR U.S. SENATE

Mailing Address P.O. BOX 1948

City BOISE State ID Zip Code 83701

Purpose of Disbursement CONTRIBUTION

Candidate Name
MICHAEL D. CRAPO

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Transaction ID : SB23.6271

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<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. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City State Zip Code
SACRAMENTO CA 95841

Purpose of Disbursement
CONTRIBUTION

Candidate Name
MIKE THOMPSON

Office Sought: House
 Senate
 President
State: CA District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2015

Transaction ID : **SB23.6243**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address P.O. BOX 3176

City State Zip Code
LONG BRANCH NJ 07740

Purpose of Disbursement
CONTRIBUTION

Candidate Name
FRANK PALLONE, JR.

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Transaction ID : **SB23.6284**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR BEN

Mailing Address P.O. BOX 31129

City State Zip Code
SANTA FE NM 87594

Purpose of Disbursement
CONTRIBUTION

Candidate Name
BEN RAY LUJAN

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Transaction ID : **SB23.6281**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<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. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 700 13TH STREET, NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2015

Transaction ID : SB23.6248

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TUESDAY GROUP POLITICAL ACTION COMMITTEE

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB23.6291

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. VIRGINIA FOXX FOR CONGRESS

Mailing Address P.O. BOX 1100

City CLEMMONS State NC Zip Code 27012

Purpose of Disbursement
CONTRIBUTION

Candidate Name

VIRGINIA ANN FOXX

Office Sought: House Senate President
State: NC District: 05

Disbursement For: 2016 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 22 / 2015

Transaction ID : SB23.6275

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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. WELCH FOR CONGRESS

Mailing Address P.O. BOX 1682

City **BURLINGTON** State **VT** Zip Code **05402**

Purpose of Disbursement
CONTRIBUTION

Candidate Name
PETER WELCH

Office Sought: House
 Senate
 President
State: **VT** District: **00**

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

Transaction ID : SB23.6245

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

23000.00
