



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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="112956.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="22730.00"/>	<input type="text" value="80230.00"/>
(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="135686.45"/>	<input type="text" value="164741.43"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9395.83"/>	<input type="text" value="38450.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="126290.62"/>	<input type="text" value="126290.62"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	18110.00	70415.00
(ii) Unitemized .....	4620.00	9815.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	22730.00	80230.00
(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) .....	22730.00	80230.00
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))..... ▶	22730.00	80230.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22730.00	80230.00

**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 .....	395.83	2950.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	395.83	2950.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	35500.00
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)) ..	9395.83	38450.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9395.83	38450.81

**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) .....	22730.00	80230.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22730.00	80230.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	395.83	2950.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	395.83	2950.81

**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 19  
(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. MARY J. BOYLAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 DENNEY DRIVE  
 City State Zip Code  
 DULUTH MN 55805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ST. LUKE'S CT SURGERY 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  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6056**  
 Amount of Each Receipt this Period  
 1000.00

**B. DR. SERGIO CAMINHA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 WEST WILLOW AVENUE  
 City State Zip Code  
 VISALIA CA 93291  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 GOLDEN STATE C&T SURGERY PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015  
**Transaction ID : SA11AI.6047**  
 Amount of Each Receipt this Period  
 365.00

**C. DR. YVONNE CARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 WEST CARSON STREET  
 City State Zip Code  
 TORRANCE CA 90509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HARBOR-UCLA MEDICAL CENTER 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  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6037**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1615.00  
**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 7 OF 19
	<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. ROBERT J. CERFOLIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 260 CAHABA OAKS TRAIL  
 City INDIAN SPRING State AL Zip Code 35124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UNIVERSITY OF ALABAMA 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  
 04 / 27 / 2015  
**Transaction ID : SA11AI.6095**  
 Amount of Each Receipt this Period  
 500.00

**B. DR. E.J. CHAUVIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 WEST DOVER DRIVE  
 City ROGERS State AR Zip Code 72758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MERCY HEALTH SYSTEMS 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  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6058**  
 Amount of Each Receipt this Period  
 1000.00

**C. DR. P. ARYEH COHEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2640 EAST BROAD  
 City COLUMBUS State OH Zip Code 43209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FAIRFIELD MEDICAL CENTER Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2015  
**Transaction ID : SA11AI.6108**  
 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: PAGE 8 OF 19  
(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. RICHARD S. D'AGOSTINO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1022 NORTH ROAD  
 City State Zip Code  
 CARLISLE MA 01741  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 LAHEY HOSPITAL PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6059**  
 Amount of Each Receipt this Period  
 2000.00

**B. DR. WILLIAM M. DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 BOBCAT BEND  
 City State Zip Code  
 SAN ANTONIO TX 78231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SOUTH TEXAS CARDIOTHORACIC 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  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6060**  
 Amount of Each Receipt this Period  
 500.00

**C. DR. WILLIAM DESCHNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7910 WEST JEFFERSON BOULEVARD  
 City State Zip Code  
 FORT WAYNE IN 46804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INDIANA/OHIO HEART SURGEONS PHYSICIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2015  
**Transaction ID : SA11AI.6007**  
 Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2865.00  
**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 19  
(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. STEPHEN FALL**

Mailing Address 6140 WEST CURTESIAN AVENUE

City State Zip Code  
 BOISE ID 83704

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

Name of Employer Occupation  
 ST. ALPHONSUS MEDICAL CENTER PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 04 / 28 / 2015  
**Transaction ID : SA11AI.6110**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. DR. DAVID A. FULLERTON**

Mailing Address 275 LAFAYETTE STREET

City State Zip Code  
 DENVER CO 80218

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

Name of Employer Occupation  
 UNIVERSITY OF COLORADO PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 04 / 27 / 2015  
**Transaction ID : SA11AI.6096**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. DR. DIVYAKANT B. GANDHI**

Mailing Address 3917 HEMMINGWAY DRIVE

City State Zip Code  
 OKENOS MI 48864

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

Name of Employer Occupation  
 MCLAREN GREATER LANSING PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6065**

Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00

**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 19  
(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. DHURU GIRARD**

Mailing Address 504 REDMOND ROAD NORTHWEST

City State Zip Code  
 ROME GA 30165

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

Name of Employer Occupation  
 HARBIN CLINIC PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : SA11AI.6049**

Amount of Each Receipt this Period  
 750.00

Full Name (Last, First, Middle Initial)  
**B. DR. JOHN W. HAMMON**

Mailing Address 1001 DALTON ROAD

City State Zip Code  
 LEWISVILLE NC 27023

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

Name of Employer Occupation  
 WAKE FOREST UNIVERSITY 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  
 04 / 27 / 2015

**Transaction ID : SA11AI.6099**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. DR. DAWN HUI**

Mailing Address 7524 BALSON AVENUE

City State Zip Code  
 ST. LOUIS MO 63130

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

Name of Employer Occupation  
 ST. LOUIS UNIVERSITY PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2015

**Transaction ID : SA11AI.6041**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1615.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<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. GARY P. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3311 PRESCOTT ROAD

City ALEXANDRIA State LA Zip Code 71301

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

Name of Employer LOUISIANA CVT INSTITUTE Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2015  
Transaction ID : SA11AI.6008

Amount of Each Receipt this Period 250.00

**B. DR. LARRY R. KAISER**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 BARBARA LANE

City BRYN MAWR State PA Zip Code 19010

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

Name of Employer TEMPLE UNIVERSITY Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2015  
Transaction ID : SA11AI.6000

Amount of Each Receipt this Period 500.00

**C. DR. KIRK B. KANTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2370 BRIARCLIFF COMMONS

City ATLANTA State GA Zip Code 30345

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 04 / 28 / 2015  
Transaction ID : SA11AI.6040

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 12 OF 19  
(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. KEN A. KESLER**

Mailing Address 8670 BAY COLONY DRIVE

City State Zip Code  
 INDIANAPOLIS IN 46234

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

Name of Employer Occupation  
 INDIANA UNIVERSITY 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  
 04 / 30 / 2015

**Transaction ID : SA11AI.6069**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. DR. JOHN F. KRAHNERT**

Mailing Address 50 BROOKLINE DRIVE

City State Zip Code  
 PINEHURST NC 28374

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

Name of Employer Occupation  
 FIRSTHEALTH MOORE HOSPITAL 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  
 04 / 30 / 2015

**Transaction ID : SA11AI.6072**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. DR. HOPE S. KUEHNER**

Mailing Address 9802 COUNTY ROAD Y

City State Zip Code  
 MARSHFIELD WI 54449

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

Name of Employer Occupation  
 MARSHFIELD CLINIC PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2015

**Transaction ID : SA11AI.6074**

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 13 OF 19
<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. SCOTT LEMAIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 BAYLOR PLAZA

City HOUSTON State TX Zip Code 77030

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2015

**Transaction ID : SA11AI.6050**

Amount of Each Receipt this Period  
 250.00

**B. DR. JAMES R. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11900 EAST 12 MILE ROAD

City WARREN State MI Zip Code 48093

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

Name of Employer CENTER FOR CV&T SURGERY Occupation 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  
 04 / 27 / 2015

**Transaction ID : SA11AI.6100**

Amount of Each Receipt this Period  
 1000.00

**C. DR. BRYAN F. MEYERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 NEWPORT AVENUE

City ST. LOUIS State MO Zip Code 63119

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

Name of Employer WASHINGTON UNIVERSITY Occupation PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2015

**Transaction ID : SA11AI.6015**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1615.00
<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 14 OF 19  
(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. FRANCIS C. NICHOLS**

Mailing Address 200 1ST STREET SOUTHWEST

City State Zip Code  
ROCHESTER MN 55905

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

Name of Employer Occupation  
MAYO CLINIC PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2015

Transaction ID : SA11AI.6042

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. DR. DAVID A. OTT**

Mailing Address 3689 INWOOD DRIVE

City State Zip Code  
HOUSTON TX 77019

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

Name of Employer Occupation  
SURGICAL ASSOCIATES OF TEXAS PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

Transaction ID : SA11AI.6002

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. DR. DAVID G. RABKIN**

Mailing Address 31052 EAST SUNSET DRIVE NORTH

City State Zip Code  
REDLANDS CA 92373

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

Name of Employer Occupation  
LOMA LINDA UNIVERSITY PHYSICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SA11AI.6084

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1200.00

**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 19  
(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. MAHESH RAMCHANDANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2019 DREXEL  
 City HOUSTON State TX Zip Code 77027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HOUSTON METHODIST HOSPITAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2015  
**Transaction ID : SA11AI.6046**  
 Amount of Each Receipt this Period  
 250.00

**B. DR. HAROLD ROBERTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21097 NORTHEAST 27TH COURT  
 City AVENTURA State FL Zip Code 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer FLORIDA HEART & VASCULAR CARE Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2015  
**Transaction ID : SA11AI.6102**  
 Amount of Each Receipt this Period  
 250.00

**C. DR. J. MARVIN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 ZAMBRANO ROAD  
 City SAN ANTONIO State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CT SURGICAL ASSOCIATES Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2015  
**Transaction ID : SA11AI.6085**  
 Amount of Each Receipt this Period  
 225.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**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 16 OF 19
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
<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. VAUGHN STARNES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 SAN PABLO AVENUE

City State Zip Code  
LOS ANGELES CA 90033

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

Name of Employer Occupation  
USC NEUROSURGEONS 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  
04 / 28 / 2015

**Transaction ID : SA11AI.6116**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18110.00

**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 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  
04 / 02 / 2015

Transaction ID : SB21B.5996

Amount of Each Disbursement this Period

66.95

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  
04 / 10 / 2015

Transaction ID : SB21B.6006

Amount of Each Disbursement this Period

38.50

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
04 / 20 / 2015

Transaction ID : SB21B.6055

Amount of Each Disbursement this Period

112.13

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

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

217.58

217.58

**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. ALEXANDER FOR SENATE 2020**

Mailing Address 228 SOUTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**LAMAR ALEXANDER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

**Transaction ID : SB23.6020**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. BILL FLORES FOR CONGRESS**

Mailing Address P.O. BOX 6207

City BRYAN State TX Zip Code 77805

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**BILL FLORES**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

**Transaction ID : SB23.6025**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. HATCH ELECTION COMMITTEE**

Mailing Address P.O. BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**ORRIN G. HATCH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: UT District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

**Transaction ID : SB23.6026**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**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. HEALTHCARE FREEDOM FUND**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : **SB23.6030**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. LEVIN FOR CONGRESS**

Mailing Address P.O. BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**SANDER M. LEVIN**

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : **SB23.6029**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS**

Mailing Address P.O. BOX 3750

City BRENTWOOD State TN Zip Code 37024

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

**MARSHA BLACKBURN**

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : **SB23.6022**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	0	0	0	0	0	0	0	0	0
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