

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00325936
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 07 01 2011 through 07 31 2011

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

Type or Print Name of Treasurer Dr. Sidney Levitsky

Signature of Treasurer Electronically Filed by Dr. Sidney Levitsky Date 08 10 2011

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		71036.84
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	61997.14									
(c) Total Receipts (from Line 19)	21420.00	74666.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83417.14	145702.84								
7. Total Disbursements (from Line 31)	1451.34	63737.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81965.80	81965.80								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	16855.00	67660.00
(ii) Unitemized	4565.00	7006.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21420.00	74666.00
(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)	21420.00	74666.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21420.00	74666.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21420.00	74666.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	451.34	3237.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	451.34	3237.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	1000.00	60500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1451.34	63737.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1451.34	63737.04

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)	21420.00	74666.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21420.00	74666.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	451.34	3237.04
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	451.34	3237.04

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Giorgio M. Aru

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216

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

Name of Employer University of Mississippi Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: SA11AI.10546

Amount of Each Receipt this Period
730.00

B.

Full Name (Last, First, Middle Initial)
Dr. James W. Asaph

Mailing Address 4401 Southwest Westdale Drive

City State Zip Code
Portland OR 97221

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

Name of Employer Retired Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2011

Transaction ID: SA11AI.10589

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Linda J. Bogar

Mailing Address 1632 Paper Mill Road

City State Zip Code
Meadowbrook PA 19046

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

Name of Employer Thomas Jefferson University Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: SA11AI.10548

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **1230.00**

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 / 20
(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. Greg A. Bowman		Date of Receipt MM / DD / YYYY 07 / 25 / 2011
Mailing Address 4612 Cedarweed Boulevard		Transaction ID: SA11AI.10514
City Pueblo	State CO	Zip Code 81001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CV&T Surgical Associates	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Scott M. Bradley		Date of Receipt MM / DD / YYYY 07 / 25 / 2011
Mailing Address 751 Lakenheath Drive		Transaction ID: SA11AI.10516
City Mt. Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Medical University of S.C.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Yvonne M. Carter		Date of Receipt MM / DD / YYYY 07 / 21 / 2011
Mailing Address 3800 Reservoir Road, NW		Transaction ID: SA11AI.10549
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Georgetown University Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 8 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael L. Ciccolo

Mailing Address 173 Inveraray Court

City State Zip Code
Henderson NV 89074

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

Name of Employer Occupation
CV Surgery Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011

Transaction ID: SA11AI.10518

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. David D'Alessandro

Mailing Address 3400 Bainbridge Avenue

City State Zip Code
Bronx NY 10467

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

Name of Employer Occupation
Montefiore Medical Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: SA11AI.10551

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. William M. Davis

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011

Transaction ID: SA11AI.10520

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 9 / 20

(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. Harry J. DePan		Date of Receipt	
	Mailing Address 2447 York Seat Road		M M / D D / Y Y Y Y Y 07 / 25 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.10521
	Schenectady	NY	12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Albany Medical College		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. William P. Deschner		Date of Receipt	
	Mailing Address 7910 West Jefferson Boulevard		M M / D D / Y Y Y Y Y 07 / 21 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.10553
	Fort Wayne	IN	46804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
Name of Employer Indiana/Ohio Heart		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		365.00		

C.	Full Name (Last, First, Middle Initial) Dr. J. Michael Duncan		Date of Receipt	
	Mailing Address 3038 Bonnebridge Way Boulevard		M M / D D / Y Y Y Y Y 07 / 25 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.10522
	Houston	TX	77082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Texas Heart Institute		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

SUBTOTAL of Receipts This Page (optional)

1115.00

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 / 20
(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. Fred H. Edwards

Mailing Address 4614 Ortega Forest Drive

City State Zip Code
Jacksonville FL 32210

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 25 / 2011

Transaction ID: SA11AI.10523

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. John A. Galat

Mailing Address 1295 Southwest 1st Avenue

City State Zip Code
Ocala FL 34478

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

Name of Employer Munroe Heart Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: SA11AI.10555

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark T. Grattan

Mailing Address 888 South King Street

City State Zip Code
Honolulu HI 96813

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

Name of Employer Straub Heart Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2011

Transaction ID: SA11AI.10559

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Dr. Kristine Guleserian
 Mailing Address 1935 Medical District Drive
 City State Zip Code
 Dallas TX 75235
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2011
Transaction ID: SA11AI.10561
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Children's Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. David A. Heimansohn
 Mailing Address 10590 North Meridian Street
 City State Zip Code
 Indianapolis IN 46290
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2011
Transaction ID: SA11AI.10562
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CorVasc Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
 Dr. Clarke L. Henry
 Mailing Address 8901 West 74th Street
 City State Zip Code
 Shawnee Mission KS 66204
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2011
Transaction ID: SA11AI.10563
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shawnee Mission Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 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 12 / 20

(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. Sandeep Khandhar

Mailing Address 2921 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
CVT Surgical Associates Physician

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: SA11AI.10565

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas J. Langdon

Mailing Address 9850 Nicholas Street

City State Zip Code
Omaha NE 68114

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

Name of Employer Occupation
Omaha Thoracic and Cardio Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: SA11AI.10567

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dr. Scott A. LeMaire

Mailing Address One Baylor Plaza

City State Zip Code
Houston TX 77030

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2011

Transaction ID: SA11AI.10568

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

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 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Dr. Charles J. Lutz
 Mailing Address 750 East Adams Street
 City State Zip Code
 Syracuse NY 13210
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2011
Transaction ID: SA11AI.10569
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Upstate Medical University Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
 Dr. Walter E. McGregor
 Mailing Address 320 East North Avenue
 City State Zip Code
 Pittsburgh PA 15212
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 21 / 2011
Transaction ID: SA11AI.10570
 Amount of Each Receipt this Period
 400.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 McGinnis CV Surgical Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

C. Full Name (Last, First, Middle Initial)
 Dr. Michael C. Murphy
 Mailing Address 3009 North Ballas Road
 City State Zip Code
 St. Louis MO 63131
 Date of Receipt
 M M / D D / Y Y Y Y
 07 / 27 / 2011
Transaction ID: SA11AI.10600
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CTV Surgery Physician
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**
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 / 20
(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. Ronald R. Quinton

Mailing Address 525 Lilly Road

City Olympia State WA Zip Code 98506

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

Name of Employer: Olympia Cardiac Surgery Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 21 / 2011
Transaction ID: SA11AI.10575
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. John M. Robertson

Mailing Address 725 24th Street

City Santa Monica State CA Zip Code 90402

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

Name of Employer: St. John's Health Center Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 25 / 2011
Transaction ID: SA11AI.10535
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. William H. Ryan

Mailing Address 464 Kelsey Road

City Dallas State TX Zip Code 75229

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

Name of Employer: Cardiac Surgery Specialists Occupation: Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 25 / 2011
Transaction ID: SA11AI.10536
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 15 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Dr. Adib H. Sabbagh
 Mailing Address 5235 North Campbell Avenue
 City Tucson State AZ Zip Code 85718
 Date of Receipt 07 / 21 / 2011
Transaction ID: SA11AI.10576
 Amount of Each Receipt this Period 365.00
 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 365.00

B. Full Name (Last, First, Middle Initial)
 Dr. Richard D. Stahl
 Mailing Address 9850 Genesee Avenue
 City La Jolla State CA Zip Code 92037
 Date of Receipt 07 / 21 / 2011
Transaction ID: SA11AI.10577
 Amount of Each Receipt this Period 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scripps Health Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 365.00

C. Full Name (Last, First, Middle Initial)
 Dr. Wade W. Stinson
 Mailing Address 3586 Southwest 103rd Street
 City Gainesville State FL Zip Code 32608
 Date of Receipt 07 / 25 / 2011
Transaction ID: SA11AI.10537
 Amount of Each Receipt this Period 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Florida/South Georgia VA Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) **980.00**
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 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Norman W. Thoms

Mailing Address 5420 Southeast 37th Street

City State Zip Code
Tecumseh KS 66542

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

Name of Employer Retired Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.10540
 Amount of Each Receipt this Period
 365.00

B. Full Name (Last, First, Middle Initial)
Dr. J. David Vega

Mailing Address 2354 Massey Lane

City State Zip Code
Decatur GA 30033

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

Name of Employer Emory University Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.10542
 Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Glenn Whitman

Mailing Address 600 North Wolfe Street

City State Zip Code
Baltimore MD 21287

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

Name of Employer Johns Hopkins Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: SA11AI.10582
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas R. Winkler

Mailing Address 875 Oak Street

City State Zip Code
Salem OR 97302

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

Name of Employer Northwest Surgical Associates Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: SA11AI.10584

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. George L. Zorn

Mailing Address 3116 Old Ivy Road

City State Zip Code
Birmingham AL 35210

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

Name of Employer Retired Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	1	1

Transaction ID: SA11AI.10585

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas R. Zusman

Mailing Address 1 Turnberry Drive

City State Zip Code
Newport Beach CA 92660

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

Name of Employer Raney Zusman Medical Group Occupation Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	5	/	2	0	1	1

Transaction ID: SA11AI.10545

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1900.00**

TOTAL This Period (last page this line number only) ► **16855.00**

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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10586 Date of Disbursement 07 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 99.94</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 53852</p> <p>City Phoenix State AZ Zip Code 85072</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10604 Date of Disbursement 07 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 4.95</p>
<p>C. Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address 7300 Chapman Highway</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.10510 Date of Disbursement 07 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 236.83</p>

SUBTOTAL of Disbursements This Page (optional) ▶

341.72

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

**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)

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

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

A.

Full Name (Last, First, Middle Initial)
SunTrust

Transaction ID: SB21B.10511

Date of Disbursement

Mailing Address 3440 Wisconsin Avenue, NW

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	1

City Washington State DC Zip Code 20016

Amount of Each Disbursement this Period

109.62

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

109.62

TOTAL This Period (last page this line number only)

451.34

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<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

A.

Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Transaction ID: SB23.10509

Date of Disbursement

Mailing Address 5429 MADISON AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	1

City State Zip Code
SACRAMENTO CA 95841

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
MIKE THOMPSON

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 01

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1000.00
