



**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="2014"/>		<input type="text" value="52404.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="54037.84"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2070.00"/>	<input type="text" value="50264.00"/>
(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="56107.84"/>	<input type="text" value="102668.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="277.24"/>	<input type="text" value="46838.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55830.60"/>	<input type="text" value="55830.60"/>
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

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 05 / 01 / 2014 To: 05 / 31 / 2014

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).....	1830.00	45180.00
(ii) Unitemized .....	240.00	5084.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2070.00	50264.00
(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) .....	2070.00	50264.00
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))..... ▶	2070.00	50264.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2070.00	50264.00

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	277.24	2738.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	277.24	2738.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	44000.00
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	100.00
(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	100.00
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)) ..	277.24	46838.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	277.24	46838.24

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2070.00	50264.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2070.00	50164.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	277.24	2738.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	277.24	2738.24

**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 6 OF 8
	<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. DR. LESLIE J. KOHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 KIMBER ROAD  
 City SYRACUSE State NY Zip Code 13224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNY UPSTATE MEDICAL 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  
 05 / 27 / 2014  
**Transaction ID : SA11AI.5210**  
 Amount of Each Receipt this Period  
 365.00

**B. DR. LESLIE J. KOHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 KIMBER ROAD  
 City SYRACUSE State NY Zip Code 13224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SUNY UPSTATE MEDICAL Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : SA11AI.5211**  
 Amount of Each Receipt this Period  
 365.00

**C. DR. JAMES MCCLURKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 595 WEST STATE STREET  
 City DOYLESTOWN State PA Zip Code 19090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VIAA SURGICAL ASSOCIATES Occupation 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  
 05 / 02 / 2014  
**Transaction ID : SA11AI.5184**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DR. JOHN C. MYERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 EAST STATE STREET  
 City State Zip Code  
 ROCKFORD IL 61104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 THE HEART HOSPITAL PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2014  
**Transaction ID : SA11AI.5178**  
 Amount of Each Receipt this Period  
 100.00

**B. DR. AARON TRACHTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 WEST GORE BOULEVARD  
 City State Zip Code  
 LAWTON OK 73505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 COMANCHE COUNTY HOSPITAL PHYSICIAN  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2014  
**Transaction ID : SA11AI.5179**  
 Amount of Each Receipt this Period  
 500.00

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1830.00

**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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2014

Transaction ID : SB21B.5207

Amount of Each Disbursement this Period

59.95

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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 12 / 2014

Transaction ID : SB21B.5208

Amount of Each Disbursement this Period

68.83

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) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

Transaction ID : SB21B.5209

Amount of Each Disbursement this Period

122.90

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

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

251.68

251.68