

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

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

FOR LINE NUMBER: PAGE 21 OF 32  
(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. PAUL S. LEVY**

Mailing Address 4802 EAST JOHNSON AVENUE

City State Zip Code  
 JONESBORO AR 72404

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

Name of Employer Occupation  
 NEA BAPTIST CLINIC PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : SA11AI.5905**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. DR. THOMAS E. MACGILLIVRAY**

Mailing Address 112 MOUNT VERNON STREET

City State Zip Code  
 BOSTON MA 02108

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

Name of Employer Occupation  
 MASSACHUSETTS GENERAL HOSPITAL PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015

**Transaction ID : SA11AI.5767**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. DR. MITCHELL J. MAGEE**

Mailing Address 6457 NORWAY ROAD

City State Zip Code  
 DALLAS TX 75230

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

Name of Employer Occupation  
 MEDICAL CITY DALLAS HOSPITAL PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2015

**Transaction ID : SA11AI.5834**

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)..... ▶