

**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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		80881.38
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	102903.92									
(c) Total Receipts (from Line 19)	10765.00	176900.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113668.92	257781.38								
7. Total Disbursements (from Line 31)	10316.70	154429.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	103352.22	103352.22								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	9465.00	164985.00
(ii) Unitemized	1300.00	11915.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10765.00	176900.00
(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)	10765.00	176900.00
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))	10765.00	176900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10765.00	176900.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	316.70	5929.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	316.70	5929.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	148500.00
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))..	10316.70	154429.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10316.70	154429.16

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)	10765.00	176900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10765.00	176900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	316.70	5929.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	316.70	5929.16

**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 / 18
	<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. Oliver A. Binns		Date of Receipt	
	Mailing Address 257 McDowell Street		M M / D D / Y Y Y Y Y 1 2 / 2 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9575
	Asheville	NC	28803	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Asheville Heart		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

B.	Full Name (Last, First, Middle Initial) Dr. Robert H. Breyer		Date of Receipt	
	Mailing Address 2800 North Sheridan Road		M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9534
	Chicago	IL	60657	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
Name of Employer Lincoln Park Cardiovascul- ar		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		730.00		

C.	Full Name (Last, First, Middle Initial) Dr. Larry D. Bucshon		Date of Receipt	
	Mailing Address 10211 Lincoln Avenue		M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9536
	Newburgh	IN	47630	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Ohio Valley Heart Care		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 7 / 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. Arthur C. Coffey		Date of Receipt	
	Mailing Address 1801 North Senate		M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9537
	Indianapolis	IN	46202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	1000.00	
Name of Employer Clarian Health		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1000.00		

B.	Full Name (Last, First, Middle Initial) Dr. Fred H. Edwards		Date of Receipt	
	Mailing Address 4614 Ortega Forest Drive		M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9541
	Jacksonville	FL	32210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	250.00	
Name of Employer University of Florida		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		615.00		

C.	Full Name (Last, First, Middle Initial) Dr. James B. Kase		Date of Receipt	
	Mailing Address 4629 Brandywine Lane		M M / D D / Y Y Y Y Y 1 2 / 0 9 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.9544
	Quincy	IL	62305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C	100.00	
Name of Employer Blessing Hospital		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		600.00		

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 8 / 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. Full Name (Last, First, Middle Initial)
Dr. Marvin M. Kirsh

Mailing Address 368 Santa Louisa

City State Zip Code
Irvine CA 92606

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) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.9556

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Javier A. Lafuente

Mailing Address 86 West Underwood Street

City State Zip Code
Orlando FL 32806

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

Name of Employer Orlando Health 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 Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.9576

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Alan C. Leshnowar

Mailing Address 750 West 5th Street

City State Zip Code
Odessa TX 79763

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

Name of Employer Self 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 Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.9578

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 / 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. Charles J. Lutz

Mailing Address 750 East Adams Street

City State Zip Code
Syracuse NY 13210

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

Name of Employer Occupation
Upstate Medical University Physician

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Transaction ID: SA11AI.9580

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Christopher T. Maloney

Mailing Address 3890 North Camino Ojo De Agua

City State Zip Code
Tucson AZ 85749

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	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	0	9

Transaction ID: SA11AI.9558

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas L. Matthew

Mailing Address 6800 North 79th Street

City State Zip Code
Niwot CO 80503

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

Name of Employer Occupation
Boulder Valley Thoracic Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

Transaction ID: SA11AI.9577

Amount of Each Receipt this Period
500.00

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 10 / 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. J. Scott Millikan		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 3319 Alpine Drive		Transaction ID: SA11AI.9569		
	City Billings	State MT	Zip Code 59102	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Billings Clinic		Occupation Physician			
		Aggregate Year-to-Date ▼ 750.00			

B.	Full Name (Last, First, Middle Initial) Dr. John C. Myers		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 8526 Spring Brook Road		Transaction ID: SA11AI.9581		
	City Rockford	State IL	Zip Code 61114	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Swedish American Hospital		Occupation Physician			
		Aggregate Year-to-Date ▼ 1100.00			

C.	Full Name (Last, First, Middle Initial) Dr. David A. Ott		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 3689 Inwood		Transaction ID: SA11AI.9570		
	City Houston	State TX	Zip Code 77019	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Texas Heart Institute		Occupation Physician			
		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional)	850.00
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 11 / 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. Robert J. Robison

Mailing Address 95 Smith Lane

City State Zip Code
Zionsville IN 46077

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

Name of Employer Occupation
CorVasc Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.9546

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dr. Steven M. Schwartz

Mailing Address 13372 Via Arriba Drive

City State Zip Code
Saratoga CA 95070

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

Name of Employer Occupation
San Jose Cardiac Surgery Group Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.9561

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dr. Steven S. Scott

Mailing Address 137 Roffinghams Way

City State Zip Code
Williamsburg VA 23185

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

Name of Employer Occupation
Riverside Regional Medical Physician

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.9562

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 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. Russell F. Stahl

Mailing Address 109 Upland Terrace

City State Zip Code
Clark's Summit PA 18411

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

Name of Employer Occupation
Premiere Surgical Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.9571

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Dr. Wade Stinson

Mailing Address 1601 Southwest Archer Road

City State Zip Code
Gainesville FL 32608

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

Name of Employer Occupation
North Florida/South Georgia VA Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.9582

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Reid W. Tribble

Mailing Address 1520 Hagood Avenue

City State Zip Code
Columbia SC 29205

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

Name of Employer Occupation
Carolina Cardiac Surgery Assoc Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.9572

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 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. Full Name (Last, First, Middle Initial)
Dr. Garrett L. Walsh

Mailing Address 1812 Staffordshire Crescent

City State Zip Code
Houston TX 77030

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

Name of Employer Occupation
Anderson Cancer Center Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: SA11AI.9547

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Stanley Ziomek

Mailing Address 2048 Tumble Weed Terrace

City State Zip Code
Poplar Bluff MO 63901

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

Name of Employer Occupation
CV Institute Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: SA11AI.9574

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) ► 9465.00

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

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9584 Date of Disbursement 12 / 23 / 2009
	Amount of Each Disbursement this Period 48.75

B. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9583 Date of Disbursement 12 / 29 / 2009
	Amount of Each Disbursement this Period 4.95

C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Highway City Knoxville State TN Zip Code 37920 Purpose of Disbursement Credit Card Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.9549 Date of Disbursement 12 / 02 / 2009
	Amount of Each Disbursement this Period 153.89

SUBTOTAL of Disbursements This Page (optional) ▶	207.59
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.9565	
	Mailing Address 3440 Wisconsin Avenue, NW			Date of Disbursement 12 / 18 / 2009	
City Washington		State DC	Zip Code 20016		Amount of Each Disbursement this Period 109.11
Purpose of Disbursement Bank Charges			Category/ Type		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

109.11

TOTAL This Period (last page this line number only)

316.70

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

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Detailed Summary Page

FOR LINE NUMBER:
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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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address P.O. BOX 1776</p> <p>City FREEDOM State PA Zip Code 15042</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JASON ALTMIRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9519</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN</p> <p>Mailing Address P.O. BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name BLANCHE L. LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9530</p> <p>Date of Disbursement 12 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF SAM JOHNSON</p> <p>Mailing Address P.O. BOX 860096</p> <p>City PLANO State TX Zip Code 75086</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name SAMUEL ROBERT JOHNSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.9523</p> <p>Date of Disbursement 12 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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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

A.

Full Name (Last, First, Middle Initial)
KAGEN 4 CONGRESS

Transaction ID: SB23.9524
Date of Disbursement

Mailing Address 100 WEST COLLEGE AVENUE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

City State Zip Code
APPLETON WI 54911

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/
Type

CONTRIBUTION

Candidate Name
STEVEN L. KAGEN

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 08

B.

Full Name (Last, First, Middle Initial)
MCCOTTER CONGRESSIONAL COMMITTEE

Transaction ID: SB23.9525
Date of Disbursement

Mailing Address P.O. BOX 530788

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

City State Zip Code
LIVONIA MI 48153

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/
Type

CONTRIBUTION

Candidate Name
THADDEUS G. MCCOTTER

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 11

C.

Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.9528
Date of Disbursement

Mailing Address 320 1ST STREET, SE

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

City State Zip Code
WASHINGTON DC 20003

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement

Category/
Type

CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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

A.

Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Transaction ID: SB23.9550

Date of Disbursement

Mailing Address P.O. BOX 3176

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		1	5		2	0	0	9

City State Zip Code
LONG BRANCH NJ 07740

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
CONTRIBUTION

--

Candidate Name
FRANK PALLONE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 06

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

1000.00
