

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Dr. Sidney Levitsky

[Electronically Filed]

Date

/ /

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**

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="2011"/>		71036.84
(b) Cash on Hand at Beginning of Reporting Period.....	94697.61	
(c) Total Receipts (from Line 19)	10065.00	110678.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	104762.61	181714.84
7. Total Disbursements (from Line 31).....	12428.06	89380.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	92334.55	92334.55
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: / / 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).....	9565.00	99675.00
(ii) Unitemized	500.00	11003.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10065.00	110678.00
(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)	10065.00	110678.00
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))..... ▶	10065.00	110678.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10065.00	110678.00

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	428.06	5380.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	428.06	5380.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	84000.00
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)) ..	12428.06	89380.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12428.06	89380.29

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)	10065.00	110678.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10065.00	110678.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	428.06	5380.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	428.06	5380.29

**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 15
<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

Full Name (Last, First, Middle Initial) A. Dr. John C. Alexander Jr.			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2011 Transaction ID : SA11AI.10743
Mailing Address 96 Church Road			Amount of Each Receipt this Period 1000.00
City Winnetka	State IL	Zip Code 60093	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Northshore University Health		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Yvon R. Baribeau			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011 Transaction ID : SA11AI.10749
Mailing Address 100 McGregor Street			Amount of Each Receipt this Period 1000.00
City Manchester	State NH	Zip Code 03102	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Catholic Medical Center		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Charles D. Cousar			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : SA11AI.10771
Mailing Address 836 Prudential Drive			Amount of Each Receipt this Period 1000.00
City Jacksonville	State FL	Zip Code 32207	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2000.00	
Name of Employer CT&V Surgical Associates		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 15
	<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	<input type="checkbox"/> 17

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

A. Dr. Robert L. Hooker Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1544 Bally Bunion Court
 City Grand Rapids State MI Zip Code 49546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michigan Cardiovascular 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
 11 / 16 / 2011
Transaction ID : SA11Al.10750
 Amount of Each Receipt this Period
 500.00

B. Dr. Jeffrey P. Jacobs
 Full Name (Last, First, Middle Initial)
 Mailing Address 2021 Brightwaters Boulevard
 City St. Petersburg State FL Zip Code 33703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiac Surgical Associates 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
 11 / 16 / 2011
Transaction ID : SA11Al.10751
 Amount of Each Receipt this Period
 1000.00

c. Dr. Alex G. Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 9731 North Horizon Vista Plaza
 City Tuscon State AZ Zip Code 85704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Arizona Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011
Transaction ID : SA11Al.10772
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 8 OF 15
	<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. Michael J. Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 6625 Forest Creek Drive
 City Dallas State TX Zip Code 75230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baylor Health Care System Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 29 / 2011**
Transaction ID : SA11AI.10773
 Amount of Each Receipt this Period **1000.00**

B. Dr. Christopher T. Maloney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3890 North Camino Ojo De Agua
 City Tucson State AZ Zip Code 85749
 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 **600.00**

Date of Receipt **11 / 10 / 2011**
Transaction ID : SA11AI.10739
 Amount of Each Receipt this Period **250.00**

C. Dr. John C. Myers
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 East State Street
 City Rockford State IL Zip Code 61104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish American Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 16 / 2011**
Transaction ID : SA11AI.10755
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **1450.00**
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 9 OF 15
<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

Full Name (Last, First, Middle Initial) A. Dr. Francis C. Nichols		Date of Receipt 11 / 29 / 2011 Transaction ID : SA11Al.10774
Mailing Address 200 First Street		Amount of Each Receipt this Period 500.00
City Rochester	State MN	Zip Code 55905
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Mayo Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael A. Oddi		Date of Receipt 11 / 10 / 2011 Transaction ID : SA11Al.10740
Mailing Address 224 West Exchange Street		Amount of Each Receipt this Period 365.00
City Akron	State OH	Zip Code 44302
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00
Name of Employer CV Surgery of Akron	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Billy D. Parsons		Date of Receipt 11 / 29 / 2011 Transaction ID : SA11Al.10775
Mailing Address 2604 St. Michael Drive		Amount of Each Receipt this Period 500.00
City Texarkana	State TX	Zip Code 75503
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Texarkana CV and Thoracic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
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 15
(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. Christian Pizarro
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Rockland Road
 City State Zip Code
 Wilmington DE 19803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Alfred I. duPont 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
 11 / 29 / 2011
Transaction ID : SA11AI.10776
 Amount of Each Receipt this Period
 500.00

B. Dr. James Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Fox Run
 City State Zip Code
 Lloyd Harbor NY 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CV Surgery, PC 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
 11 / 30 / 2011
Transaction ID : SA11AI.10769
 Amount of Each Receipt this Period
 500.00

C. Dr. John C. Vander Woude
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 West 22nd Street
 City State Zip Code
 Sioux Falls SD 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CTV 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
 11 / 08 / 2011
Transaction ID : SA11AI.10745
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	9565.00

**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. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 08 / 2011

Transaction ID : SB21B.10747

Amount of Each Disbursement this Period

65.00

Full Name (Last, First, Middle Initial)

B. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 16 / 2011

Transaction ID : SB21B.10748

Amount of Each Disbursement this Period

74.75

Full Name (Last, First, Middle Initial)

C. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 29 / 2011

Transaction ID : SB21B.10767

Amount of Each Disbursement this Period

4.95

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

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

144.70

**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. 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: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2011

Transaction ID : SB21B.10778

Amount of Each Disbursement this Period

16.25

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 Card Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2011

Transaction ID : SB21B.10746

Amount of Each Disbursement this Period

160.76

Full Name (Last, First, Middle Initial)

C. SunTrust

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

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2011

Transaction ID : SB21B.10768

Amount of Each Disbursement this Period

106.35

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

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

283.36

428.06

**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. BENISHEK FOR CONGRESS

Mailing Address P.O. BOX 2012

City State Zip Code
KINGSFORD MI 49802

Purpose of Disbursement
CONTRIBUTION

Candidate Name
DANIEL J. BENISHEK

Office Sought: House Senate President
State: MI District: 01
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		21		2011

Transaction ID : SB23.10760

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF LOIS CAPPS

Mailing Address P.O. BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
CONTRIBUTION

Candidate Name
LOIS G. CAPPS

Office Sought: House Senate President
State: CA District: 23
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		21		2011

Transaction ID : SB23.10761

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. HOYER FOR CONGRESS

Mailing Address 700 13TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STENY H. HOYER

Office Sought: House Senate President
State: MD District: 05
Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		21		2011

Transaction ID : SB23.10762

Amount of Each Disbursement this Period

1500.00

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

4000.00

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

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

Use separate schedule(s)
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. 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: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2011			

Transaction ID : SB23.10766

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 1ST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : SB23.10738

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STEVE CHABOT FOR CONGRESS

Mailing Address 3030 HARRISON AVENUE

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE CHABOT

Office Sought: House
 Senate
 President
State: OH District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2011			

Transaction ID : SB23.10735

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

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**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. STEVE ISRAEL FOR CONGRESS

Mailing Address P.O. BOX 777

City DEER PARK State NY Zip Code 11729

Purpose of Disbursement
CONTRIBUTION

Candidate Name
STEVE J. ISRAEL

Office Sought: House
 Senate
 President
State: NY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.10763

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. TODD AKIN FOR SENATE

Mailing Address P.O. BOX 31222

City ST LOUIS State MO Zip Code 63131

Purpose of Disbursement
CONTRIBUTION

Candidate Name
W. TODD AKIN

Office Sought: House
 Senate
 President
State: MO District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB23.10757

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

3	5	0	0	.	0	0
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1	2	0	0	.	0	0
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