

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

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

FOR LINE NUMBER: PAGE 7 OF 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. DR. T. ARTHUR EDGERTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 ROYAL DORNACH LANE
 City State Zip Code
 PINEHURST NC 28374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MOORE REGIONAL 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
 07 / 13 / 2015
Transaction ID : SA11AI.6212
 Amount of Each Receipt this Period
 1000.00

B. DR. RICHARD M. ENGELMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 257 TANGLEWOOD DRIVE
 City State Zip Code
 LONGMEADOW MA 01106
 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 M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11AI.6213
 Amount of Each Receipt this Period
 250.00

C. DR. ZANE HAMMOUD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16108 COG HILL DRIVE
 City State Zip Code
 NORTHVILLE MI 48168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HENRY FORD HEALTH SYSTEM 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
 07 / 31 / 2015
Transaction ID : SA11AI.6299
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶