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. 12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

CITY ▲	STATE ▲	ZIP CODE ▲
WASHINGTON	DC	20001-6704 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00325936

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:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☒ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

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. DOUGLAS J. MATHISEN

Signature of Treasurer *DR. DOUGLAS J. MATHISEN* ***[Electronically Filed]*** Date 03 / 10 / 2016

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							

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: MM 02 / DD 01 / YYYY 2016 To: MM 02 / DD 29 / YYYY 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY 2016		87332.49
(b) Cash on Hand at Beginning of Reporting Period.....	120457.60	
(c) Total Receipts (from Line 19).....	3035.00	46292.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	123492.60	133624.49
7. Total Disbursements (from Line 31).....	15248.22	25380.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	108244.38	108244.38
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

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 02 / D D 01 / Y Y Y Y 2016 To: M M 02 / D D 29 / Y Y Y Y 2016

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)	2615.00	42400.00
(ii) Unitemized	420.00	3892.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	3035.00	46292.00
(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) ▶	3035.00	46292.00
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)) ▶	3035.00	46292.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	3035.00	46292.00

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) 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	1248.22	2380.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	1248.22	2380.11
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	14000.00	23000.00
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))	15248.22	25380.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	15248.22	25380.11

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	3035.00	46292.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3035.00	46292.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1248.22	2380.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1248.22	2380.11

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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. MARK S. ALLEN
Mailing Address: 2380 HARDWOOD COURT
City: ROCHESTER State: MN Zip Code: 55902
FEC ID number of contributing federal political committee: C
Name of Employer: MAYO CLINIC
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 / 02 / 2016
Transaction ID : SA11AI.6777
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): DR. VINAY BADHWAR
Mailing Address: 1548 ALAQUA DRIVE
City: SEWICKLEY State: PA Zip Code: 15143
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF PITTSBURGH
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 02 / 29 / 2016
Transaction ID : SA11AI.6803
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): M. LAWAUN HANCE
Mailing Address: 4181 SHETLAND DRIVE
City: ANN ARBOR State: MI Zip Code: 48105
FEC ID number of contributing federal political committee: C
Name of Employer: ST. JOSEPH MERCY HOSPITAL
Occupation: PHYSICIAN ASSISTANT
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 02 / 22 / 2016
Transaction ID : SA11AI.6782
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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)
[X] 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. KAREN M. KIM
Mailing Address: 618 SOUTH MAIN STREET
City: ANN ARBOR State: MI Zip Code: 48104
FEC ID number of contributing federal political committee: C
Name of Employer: UNIVERSITY OF MICHIGAN
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 02 / 12 / 2016
Transaction ID : SA11AI.6791
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

B.
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 / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

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 / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 365.00

TOTAL This Period (last page this line number only) ▶ 2615.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 05 / 2016
Transaction ID : SB21B.6776
Amount of Each Disbursement this Period: 451.10
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): MERCHANT SERVICES
Mailing Address: 7300 CHAPMAN HIGHWAY
City: KNOXVILLE State: TN Zip Code: 37920
Purpose of Disbursement: CREDIT CARDS FEES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 02 / 2016
Transaction ID : SB21B.6775
Amount of Each Disbursement this Period: 77.00
[ ] Memo Item

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 CARDS FEES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 10 / 2016
Transaction ID : SB21B.6787
Amount of Each Disbursement this Period: 582.26
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1110.36

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 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 BANK
Mailing Address: 3440 WISCONSIN AVENUE, NW
City: WASHINGTON State: DC Zip Code: 20016
Purpose of Disbursement: BANK CHARGES
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 19 / Y Y Y Y 2016
Transaction ID : SB21B.6786
Amount of Each Disbursement this Period: 112.38
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 112.38

TOTAL This Period (last page this line number only) ▶ 1222.74

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): BRADY FOR CONGRESS
Mailing Address: P.O. BOX 8277
City: THE WOODLANDS State: TX Zip Code: 77387
Purpose of Disbursement: CONTRIBUTION
Candidate Name: KEVIN BRADY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 08
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6792
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): GUTHRIE FOR CONGRESS
Mailing Address: P.O. BOX 9639
City: BOWLING GREEN State: KY Zip Code: 42102
Purpose of Disbursement: CONTRIBUTION
Candidate Name: S. BRETT GUTHRIE
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6793
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): HEALTHCARE FREEDOM FUND
Mailing Address: P.O. BOX 2485
City: SPRINGFIELD State: VA Zip Code: 22152
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 05 / 2016
Transaction ID : SB23.6780
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): NRCC
Mailing Address: 320 FIRST STREET, SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement: CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 09 / 2016
Transaction ID : SB23.6778
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): PALLONE FOR CONGRESS
Mailing Address: P.O. BOX 3176
City: LONG BRANCH State: NJ Zip Code: 07740
Purpose of Disbursement: CONTRIBUTION
Candidate Name: FRANK PALLONE, JR.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6796
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): PERLMUTTER FOR CONGRESS
Mailing Address: 3440 YOUNGFIELD STREET
City: WHEAT RIDGE State: CO Zip Code: 80033
Purpose of Disbursement: CONTRIBUTION
Candidate Name: EDWIN G. PERLMUTTER
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 07
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6797
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): PRICE FOR CONGRESS
Mailing Address: P.O. BOX 425
City: ROSWELL State: GA Zip Code: 30077
Purpose of Disbursement: CONTRIBUTION
Candidate Name: THOMAS E. PRICE
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6798
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): TIBERI FOR CONGRESS
Mailing Address: 2931 EAST DUBLIN GRANVILLE ROAD
City: COLUMBUS State: OH Zip Code: 43231
Purpose of Disbursement: CONTRIBUTION
Candidate Name: PATRICK J. TIBERI
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 12
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6799
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): TIM MURPHY FOR CONGRESS
Mailing Address: P.O. BOX 24551
City: PTTSBURGH State: PA Zip Code: 15234
Purpose of Disbursement: CONTRIBUTION
Candidate Name: TIMOTHY MURPHY
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 02 / 09 / 2016
Transaction ID : SB23.6779
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): UPTON FOR ALL OF US
Mailing Address: P.O. BOX 490
City: ST. JOSEPH State: MI Zip Code: 49085
Purpose of Disbursement: CONTRIBUTION
Candidate Name: FREDERICK S. UPTON
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 02 / 22 / 2016
Transaction ID : SB23.6802
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 14000.00