

**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)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00325936

3. IS THIS  
REPORTNEW  
(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

M M /

D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SPEIR, ALAN, M., DR.,

Type or Print Name of Treasurer

Signature of Treasurer

SPEIR, ALAN, M., DR.,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

## SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2019</span>		<span style="border: 1px solid black; padding: 2px;">114729.65</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">114729.65</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">58830.00</span>	<span style="border: 1px solid black; padding: 2px;">58830.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">173559.65</span>	<span style="border: 1px solid black; padding: 2px;">173559.65</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">3355.03</span>	<span style="border: 1px solid black; padding: 2px;">3355.03</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">170204.62</span>	<span style="border: 1px solid black; padding: 2px;">170204.62</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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. 05/2016)

Page 3

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2019

To:

M M / D D / Y Y Y Y Y  
01 31 2019

**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).....

54865.00

54865.00

(ii) Unitemized .....

3965.00

3965.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

58830.00

58830.00

(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) .....

58830.00

58830.00

## 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)) .....

58830.00

58830.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

58830.00

58830.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	3255.03	3255.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3255.03	3255.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 .....	100.00	100.00
(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)).....	100.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3355.03	3355.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3355.03	3355.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	58830.00	58830.00
34. Total Contribution Refunds (from Line 28(d)) .....	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58730.00	58730.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	3255.03	3255.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	3255.03	3255.03

# **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 40

☒ 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACCOLA, KEVIN, D., DR.,**

Mailing Address 217 E HILLCREST ST

City  
ORLANDO

State  
FL

Zip Code  
32801-1211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CARDIOVASCULAR SURGEONS, PA

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 27 / 2019

Transaction ID : ADBA21A8AAE704A07AEI

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ALLEN, MARK, S., DR.,**

Mailing Address 200 1ST ST SW

City  
ROCHESTER

State  
MN

Zip Code  
55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAYO CLINIC

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2019

Transaction ID : AA7E7C2DFF7734B4E968

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BACKER, CARL, LEWIS, DR.,**

Mailing Address 225 E CHICAGO AVE, MC 22

City  
CHICAGO

State  
IL

Zip Code  
60611-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ANN & ROBERT H LURIE CHILDREN'S HOSPIT

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 10 / 2019

Transaction ID : A7369B9217B0F4746B14

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 40  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BADHWAR, VINAY, , DR.,**

Mailing Address 1 MEDICAL CENTER DRIVE

City  
MORGANTOWNState  
WVZip Code  
26506-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEST VIRGINIA UNIVERSITYOccupation (for Individual)  
CARDIOTHORACIC SURGEON

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	/	27	/	2019

Transaction ID : A60AD3B484FB04F84B83

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BAKAEEN, FAISAL, G, DR.,**

Mailing Address 9500 EUCLID AVENUE, J4-1

City  
CLEVELANDState  
OHZip Code  
44195-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE CLEVELAND CLINIC FOUNDATIONOccupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2019

Transaction ID : A36FC3AB66A5B485480D

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BAVARIA, JOSEPH, E., DR.,**Mailing Address 3400 SPRUCE ST  
6 SILVERSTEINCity  
PHILADELPHIAState  
PAZip Code  
19104-4238FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOSPITAL OF THE UNIV OF PENNSYLVANIA,Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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	/	27	/	2019

Transaction ID : A85DC6B796A674A67A4B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

2400.00

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 8 OF 40

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BEAVER, THOMAS, M., DR.,**

Mailing Address PO BOX 100129

City  
GAINESVILLE

State  
FL

Zip Code  
32610-0129

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF FLORIDA, DIVISION OF THO

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 27 / 2019

Transaction ID : AF58C692B908943F4B63

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BLACKMON, SHANDA, H., DR.,**

Mailing Address 200 FIRST STREET SW

City  
ROCHESTER

State  
MN

Zip Code  
55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAYO CLINIC

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : AD7F3199D6A4B4E779D8

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. BREMNER, ROSS, M., DR.,**

Mailing Address 500 WEST THOMAS RD, STE 500

City  
PHOENIX

State  
AZ

Zip Code  
85013-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NORTON THORACIC INSTITUTE | ST. JOSEPH

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 06 / 2019

Transaction ID : A3EBCE77E67DE4FD9B10

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BREMNER, ROSS, M., DR.,**

Mailing Address 500 WEST THOMAS RD, STE 500

City  
PHOENIX

State  
AZ

Zip Code  
85013-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

NORTON THORACIC INSTITUTE | ST. JOSEPH

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2019

Transaction ID : A19837AA23CC34E9EAA2

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. BRITTON, LEWIS, W., ,**

Mailing Address 47 NEW SCOTLAND AVENUE, MC 192

City  
ALBANY

State  
NY

Zip Code  
12208-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALBANY MEDICAL COLLEGE

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2019

Transaction ID : A7638C7896A904E0B9DA

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CALHOON, JOHN, H., DR.,**

Mailing Address 7703 FLOYD CURL DR  
MAIL CODE 7841

City  
SAN ANTONIO

State  
TX

Zip Code  
78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UTHSCSA

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2019

Transaction ID : A2D3FCBFCE4DB4DBAA8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 40

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CANVASSER, DAVID, A., DR.,**

Mailing Address 911 OAK PARK BLVD, STE 102

City  
PISMO BEACH

State  
CA

Zip Code  
93449-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CENTRAL COAST CARDIOTHORACIC SURG ASOC

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2019

Transaction ID : AEA5CB97298854313B55

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CARPENTER, ANDREA, J., DR.,**

Mailing Address 7703 FLOYD CURL DR MC 7841

City  
SAN ANTONIO

State  
TX

Zip Code  
78229-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UT HEALTH , DEPT OF CT SURGERY

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2019

Transaction ID : A5786D8B6493045E89A9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CHENG, AARON M, M., DR.,**

Mailing Address 1959 NE PACIFIC STREET, RM AA-115,

City  
SEATTLE

State  
WA

Zip Code  
98195-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF WASHINGTON SCHOOL OF MED

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2019

Transaction ID : A326B02F245D845E1853

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00

# **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 11 OF 40

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CLEVELAND, JOSEPH, C., DR., JR.**

Mailing Address 12631 E 17TH AVE, ROOM 6602, MS C3

City  
AURORA

State  
CO

Zip Code  
80045-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF COLORADO - DIVISION OF C

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
01 / 03 / 2019

**Transaction ID : AF07D7EB3A4F64570B9E**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CLEVELAND, JOSEPH, C., DR., JR.**

Mailing Address 12631 E 17TH AVE, ROOM 6602, MS C3

City  
AURORA

State  
CO

Zip Code  
80045-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF COLORADO - DIVISION OF C

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
01 / 03 / 2019

**Transaction ID : A6DC8E7DF6F0E4E90875**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CLEVELAND, JOSEPH, C., DR., JR.**

Mailing Address 12631 E 17TH AVE, ROOM 6602, MS C3

City  
AURORA

State  
CO

Zip Code  
80045-2527

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UNIVERSITY OF COLORADO - DIVISION OF C

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

**Transaction ID : AA84B5C83509E453CA42**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 12 OF 40

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. COHEN, ROBBIN, G., DR.,

Mailing Address 1520 SAN PABLO ST STE 4300

City  
LOS ANGELES

State  
CA

Zip Code  
90033-5330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

USC HEALTH CARE CONSULT CTR, DEPT OF C

Occupation (for Individual)

CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : AEF3F30389C6A40469AD

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLSON, YOLONDA, L., DR.,

Mailing Address 75 FRANCIS ST

City  
BOSTON

State  
MA

Zip Code  
02115-6110

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BRIGHAM AND WOMEN'S HOSPITAL - THORACI

Occupation (for Individual)

CARDIOTHORACIC SURGEON

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  
01 / 04 / 2019

Transaction ID : AC34088F282484B27A4A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONTE, JOHN, V., DR.,

Mailing Address 500 UNIVERSITY DRIVE  
P.O. BOX 850

City  
HERSHEY

State  
PA

Zip Code  
17033-2360

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

PENN STATE UNIVERSITY HERSHEY MEDICAL

Occupation (for Individual)

CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : A7CE3349A9AA54AF88F4

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

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 13 OF 40

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COSELLI, JOSEPH, S., DR.,**

Mailing Address 1 BAYLOR PLZ BCM 390

City  
HOUSTON

State  
TX

Zip Code  
77030-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BAYLOR COLLEGE OF MEDICINE

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

**Transaction ID : A50D859164AC04354B50**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DEARANI, JOSEPH, A., DR.,**

Mailing Address 200 1ST ST SW

City  
ROCHESTER

State  
MN

Zip Code  
55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAYO CLINIC

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 27 / 2019

**Transaction ID : A14AA3B51FC6243B4AB9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. DECAMP, MALCOLM, M.,**

Mailing Address 600 HIGHLAND AVE  
H4/340

City  
MADISON

State  
WI

Zip Code  
53792-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF WISCONSIN SCHOOL OF MEDI

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 24 / 2019

**Transaction ID : A12C940335C25476B828**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 40  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. DEMMY, TODD, L., DR.,**Mailing Address ELM AND CARLTON STRS.  
RPCI THORACIC SURGERYCity  
BUFFALOState  
NYZip Code  
14263-0001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ROSWELL PARK CANCER INSTITUTE

Occupation (for Individual)

CARDIOTHORACIC SURGEON

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	/	29	/	2019

Transaction ID : A3E3E650B765141D08FB

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. DIMAIO, J. MICHAEL, , DR.,**

Mailing Address 6125 LUTHER LANE #577

City  
DALLASState  
TXZip Code  
75225-6202FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BAYLOR SCOTT &amp; WHITE HEALTH

Occupation (for Individual)

CARDIOTHORACIC SURGEON

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	/	28	/	2019

Transaction ID : AEB4256BB339B4DB2B8E

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. EARLE, GARY, F., ,**

Mailing Address 1720 NICHOLASVILLE RD, STE 502

City  
LEXINGTONState  
KYZip Code  
40503-1487FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BAPTIST CARDIOTHORACIC SURGERY

Occupation (for Individual)

CARDIOTHORACIC SURGEON

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	/	29	/	2019

Transaction ID : AD3B025B7726F4268934

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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:  
(check only one)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. EDGERTON, JAMES, R., DR.,**

Mailing Address PO BOX 190667

City  
DALLAS

State  
TX

Zip Code  
75219-0667

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

JAMES EDGERTON

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2019

Transaction ID : A1405000D710432BB50

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FLORES, HECTOR, ALEJANDRO, ,**

Mailing Address 6576 LARAMIE RIDGE

City  
EL PASO

State  
TX

Zip Code  
79912-7536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

EPSWCVS

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 04 / 2019

Transaction ID : A54860D5E808A4161BDD

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GOLDMAN, SCOTT, M., ,**

Mailing Address LANKENAU HEART PAVILION  
100 LANCASTER AVE

City  
WYNNEWOOD

State  
PA

Zip Code  
19096-3450

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

THE LANKENAU HEART GROUP

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2019

Transaction ID : A71AA7F15B29C4C55960

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 40  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GROSNER, GARY, , DR.,**

Mailing Address 100 HIGH ST, RM C369

City  
BUFFALOState  
NYZip Code  
14203-1126FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BUFFALO GENERAL HOSPITALOccupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	04	2019

Transaction ID : AC4F7AB0DC60242C49DD

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GROVER, FREDERICK, L., DR.,**

Mailing Address 12631 E. 17TH AVE, ROOM 6602

ACADEMIC OFFICE BUILDING 1, MAIL C

City  
AURORAState  
COZip Code  
80045-2527FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIV. OF COLORADO SCHOOL OF MEDICINE,Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
01	28	2019

Transaction ID : A662AA393C40742DE809

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GUY, T. SLOANE, , DR.,**

Mailing Address 525 EAST 68TH STREET

SUITE M404

City  
NEW YORKState  
NYZip Code  
10065-4870FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WEILL CORNELL MEDICINE/NEWYORK-PRESBYTOccupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
01	28	2019

Transaction ID : A997F9F0BD23F4EE9A1A

Amount of Each Receipt this Period

500.00

☐ Memo Item

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)

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☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GUYTON, ROBERT, A., DR.,**

Mailing Address 3201 DOWNWOOD CIRCLE  
APT 2112

City  
ATLANTA

State  
GA

Zip Code  
30327-1683

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
EMORY HEALTHCARE

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

**Transaction ID : A833DE953BE7049BB91B**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HAMMON, JOHN, W., DR.,**

Mailing Address MEDICAL CENTER BLVD

City  
WINSTON SALEM

State  
NC

Zip Code  
27157-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WAKE FOREST UNIVERSITY SCHOOL OF MEDIC

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 29 / 2019

**Transaction ID : A3BA26C4F08034C858EC**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HANDY, JOHN, R., DR., JR**

Mailing Address 4805 NE GILSAN ST, 1ST FLOOR NORTH

City  
PORTLAND

State  
OR

Zip Code  
97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROVIDENCE THORACIC SURGERY PROGRAM

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

**Transaction ID : A932BE3532E0A49D4B07**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

**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 18 OF 40

<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HARLAN, JOHN, L., DR.,**

Mailing Address 2871 ACTON RD, STE 100

 City  
 VESTAVIA

 State  
 AL

 Zip Code  
 35243-2560

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 CARDIO-THORACIC SURGEONS, P.C.

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

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
01		28		2019

**Transaction ID : A44EA313E6AFA4C26B94**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. HARRINGTON, STEVEN, D., ,**

Mailing Address 16151 NINETEEN MILE ROAD SUITE 30

 City  
 CLINTON TOWNSHIP

 State  
 MI

 Zip Code  
 48038-1159

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 HENRY FORD MACOMB CARDIOTHORACIC  
 SURGE

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

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		28		2019

**Transaction ID : A2E4FAE497E7841D7B8E**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. HEADRICK, J. ROBERT, R., DR, MD**

Mailing Address 2108 EAST THIRD STREET, SUITE 300

 City  
 CHATTANOOGA

 State  
 TN

 Zip Code  
 37404-2625

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 CHI MEMORIAL

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

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		28		2019

**Transaction ID : A6FE95E35156947B598C**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1250.00

**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 19 OF 40

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. HUI, DAWN, S., DR.,**

Mailing Address 17703 WILD BASIN

 City  
 SAN ANTONIO

 State  
 TX

 Zip Code  
 78258-1613

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 ST. LOUIS UNIVERSITY

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2019

Transaction ID : A832FEB1FB4C94C6B968

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. JAKOWSKI, MARK, R., DR.,**

Mailing Address 439 BRANTWOOD RD

 City  
 AMHERST

 State  
 NY

 Zip Code  
 14226-4641

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 CATHOLIC HEALTH SYSTEM, MERCY HOSPITAL

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

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  
 01 / 28 / 2019

Transaction ID : A2D9019A7DA634130AA4

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. JOHNSTON, G. GILBERT, , ,**

 Mailing Address 1881 NORTH NASH STREET  
 TS-02

 City  
 ARLINGTON

 State  
 VA

 Zip Code  
 22209-1511

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 FRANCISCAN HEALTH SYSTEM/ST JOSEPH CTS

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

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  
 01 / 29 / 2019

Transaction ID : ABDCA7C6202C940908F0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3750.00

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

3750.00

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. KANTER, KIRK, R., DR.,**

Mailing Address **PEDIATRIC CARDIOTHORACIC SURGERY**  
**1405 CLIFTON RD NE**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30322-0001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**EMORY UNIVERSITY SCHOOL OF MEDICINE**

Occupation (for Individual)

**CARDIOTHORACIC SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**1000.00**

Date of Receipt

**01 / 20 / 2019**

**Transaction ID : AAE1A97C884824F018BF**

Amount of Each Receipt this Period

**1000.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIM, KAREN, M., DR.,**

Mailing Address **2481 OAK VALLEY DR #101**

City

**ANN ARBOR**

State

**MI**

Zip Code

**48103-9173**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**UNIVERSITY OF MICHIGAN**

Occupation (for Individual)

**CARDIOTHORACIC SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**2500.00**

Date of Receipt

**01 / 27 / 2019**

**Transaction ID : A46FE80CCCA6F4ACFBC4**

Amount of Each Receipt this Period

**2500.00**

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LAHEY, STEPHEN, J., DR.,**

Mailing Address **263 FARMINGTON AVE**

City

**FARMINGTON**

State

**CT**

Zip Code

**06030-0001**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

**UNIVE OF CONNECTICUT HEALTH CENTER, DI**

Occupation (for Individual)

**CARDIOTHORACIC SURGEON**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**500.00**

Date of Receipt

**01 / 27 / 2019**

**Transaction ID : A42A3BDDEC95E42C8859**

Amount of Each Receipt this Period

**500.00**

☐ Memo Item

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

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

**4000.00**

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LAL, RAJ, B., DR.,**

Mailing Address 2809 MEYERS RD

City  
OAK BROOK

State  
IL

Zip Code  
60523-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : A2B8D083F9F094EC3987

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LAMBERTI, JOHN, J., DR.,**

Mailing Address 1896 WEST MONTECITO WAY

City  
SAN DIEGO

State  
CA

Zip Code  
92103-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STANFORD UNIVERSITY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 07 / 2019

Transaction ID : A6F5162E968D04CC3B4C

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. LEE, RICHARD, , DR.,**

Mailing Address 1120 15TH STREET  
BA-4300

City  
AUGUSTA

State  
GA

Zip Code  
30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AUGUSTA UNIVERSITY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : ACF8E097E92E34283986

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1500.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. LEVY, PAUL, S., DR.,**

Mailing Address 4802 E. JOHNSON AVE.

City  
JONESBORO

State  
AR

Zip Code  
72401-8413

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NEA BAPTIST CLINIC

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2019

Transaction ID : AE9A2AB4EDE6A49C9A42

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LIRTZMAN, MITCHELL, D., ,**

Mailing Address 155 HOSPITAL DRIVE, SUITE 201

City  
LAFAYETTE

State  
LA

Zip Code  
70503-2852

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HEART AND VASCULAR CENTER OF ACADIANA

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2019

Transaction ID : A9B60A5C39E5C427889B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MACGILLIVRAY, THOMAS, E., DR.,**

Mailing Address SMITH TOWER SUITE 1401  
6550 FANNIN STREET

City  
HOUSTON

State  
TX

Zip Code  
77030-2716

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HOUSTON METHODIST, DEBAKEY HEART AND V

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 27 / 2019

Transaction ID : A12661CFDDB2343C1B69

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

3500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MADERA, FREDDY, A., ,**

Mailing Address PO BOX 1948

City  
MAYAGUEZState  
PRZip Code  
00681-1948FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAYAGUEZ MEDICAL CTROccupation (for Individual)  
CARDIOTHORACIC SURGEON

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
01		28		2019

Transaction ID : AC7D0399654A1492DAFE

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MAGEE, MITCHELL, J., DR.,**Mailing Address 7777 FOREST LN  
STE A307City  
DALLASState  
TXZip Code  
75230-2533FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEDICAL CITY DALLAS HOSPITALOccupation (for Individual)  
CARDIOTHORACIC SURGEON

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		29		2019

Transaction ID : ADA641E0CBF4246B092B

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MAGOVERN, GEORGE, J., DR., JR.**

Mailing Address 320 E NORTH AVE, 14TH FLOOR ST

City  
PITTSBURGHState  
PAZip Code  
15212FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ALLEGHENY GENERAL HOSPITAL - DEPT OF TOccupation (for Individual)  
CARDIOTHORACIC SURGEON

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
01		04		2019

Transaction ID : A2DBA080018D24934941

Amount of Each Receipt this Period

250.00

☐ Memo Item

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  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MARTIN, JAMES, R., DR.,**

Mailing Address 11900 E 12 MILE ROAD  
SUITE 205

City  
WARREN

State  
MI

Zip Code  
48093-3499

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CENTER FOR CV&T SURGERY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2019

Transaction ID : A9911D862557447BE83C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MATHISEN, DOUGLAS, J., DR.,**

Mailing Address FOUNDERS 7, 55 FRUIT STREET

City  
BOSTON

State  
MA

Zip Code  
02114-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS GENERAL HOSPITAL

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2019

Transaction ID : AD25F9E6A5AE9473B90B

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MATTHEW, THOMAS, L., DR.,**

Mailing Address SUBURBAN HOSPITAL  
8600 OLD GEORGETOWN ROAD

City  
BETHESDA

State  
MD

Zip Code  
20814-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
JOHNS HOPKINS

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2019

Transaction ID : A94E969EDA85047CD9B2

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2500.00



# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MAYER, JOHN, E., DR., JR.**

Mailing Address 300 LONGWOOD AVE

City  
BOSTON

State  
MA

Zip Code  
02115-5724

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BOSTON CHILDRENS HOSPITAL, DEPT. OF CA

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2019

Transaction ID : AF36F47568F01424E873

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MELNITCHOUK, SERGUEI, , DR.,**

Mailing Address 191 NEWTONVILLE AVE

City  
NEWTON

State  
MA

Zip Code  
02458-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS GENERAL HOSPITAL

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2019

Transaction ID : A14515CD1725149EE8CB

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MERRITT, ROBERT, EZRA, ,**

Mailing Address 7705 ROWLES DRIVE

City  
COLUMBUS

State  
OH

Zip Code  
43235-4592

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

OHIO STATE

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2019

Transaction ID : AB754B7F849624053AD4

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1250.00

**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)

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<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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. MILEWSKI, RITA, C., DR.,**

 Mailing Address 130 S 18TH STREET  
 UNIT 602

 City  
 PHILADELPHIA

 State  
 PA

 Zip Code  
 19103

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 UNIVERSITY OF PENNSYLVANIA

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	28	/	2019

Transaction ID : A1A20D00CCABE4048AB2

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. MILLIKAN, J. SCOTT, , DR.,**

Mailing Address 2800 TENTH AVE. NORTH, PO BOX 3700

 City  
 BILLINGS

 State  
 MT

 Zip Code  
 59107-7000

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 BILLINGS CLINIC

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	28	/	2019

Transaction ID : A8D7800A21EDB423CBE9

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. MOON, MARC, R., ,**

Mailing Address 4566 SCOTT AVE., BOX 8234

 City  
 SAINT LOUIS

 State  
 MO

 Zip Code  
 63110-1031

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 WASHINGTON UNIVERSITY

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01	/	27	/	2019

Transaction ID : A50F4CD3140014E48A05

Amount of Each Receipt this Period

☐ Memo Item

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

**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  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NAUNHEIM, KEITH, S., DR.,**

Mailing Address 3635 VISTA AVENUE

City  
SAINT LOUIS

State  
MO

Zip Code  
63110-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ST. LOUIS UNIVERSITY - HEALTH SCIENCES

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 27 / 2019

Transaction ID : A290EEEF22DED46A7B65

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. NICHOLS, FRANCIS, C., DR., III**

Mailing Address 200 1ST ST SW

City  
ROCHESTER

State  
MN

Zip Code  
55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MAYO CLINIC

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2019

Transaction ID : AB553054CA52B49E49A3

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PAONE, GAETANO, , DR.,**

Mailing Address 928 BERKSHIRE

City  
GROSSE POINTE PARK

State  
MI

Zip Code  
48230-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
HENRY FORD HOSPITAL

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : AF7AA661C4A9E4AF0964

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2250.00

# **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)

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PATTERSON, G. ALEXANDER, , DR.,**

Mailing Address 660 S EUCLID AVE  
BOX 8234

City  
SAINT LOUIS

State  
MO

Zip Code  
63110-1010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WASHINGTON UNIVERSITY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : ACAA9549B135A4B6EA8C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. PERRY, YARON, , DR.,**

Mailing Address 28999 SHAKER BLVD.

City  
PEPPER PIKE

State  
OH

Zip Code  
44124-5020

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MEMORIAL HEALTH

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 04 / 2019

Transaction ID : A4B40B79AD13A44087BFF

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. PRAGER, RICHARD, L., DR.,**

Mailing Address 1047 YOUNG PL

City  
ANN ARBOR

State  
MI

Zip Code  
48105-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF MICHIGAN HOSPITALS

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

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  
01 / 28 / 2019

Transaction ID : A961E97B4A34740D0BFF

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 29 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. PUTNAM, JOE, B., DR., JR**

Mailing Address 1301 PALM AVENUE  
ROOM 3A178

City  
JACKSONVILLE

State  
FL

Zip Code  
32254-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

BAPTIST M.D. ANDERSON CANCER CENTER

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 29 / 2019

Transaction ID : AEA5407048A3A4C6E88F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. REDDY, V. SEENU, , DR.,**

Mailing Address 2400 PATTERSON AVENUE, SUITE 307

City  
NASHVILLE

State  
TN

Zip Code  
37203-6532

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

TRISTAR CARDIOVASCULAR SURGERY

Occupation (for Individual)

CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

Transaction ID : AEBEC3DA8DA04440C93D

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. RICH, JEFFREY, B., DR.,**

Mailing Address 10730 EUCLID AVE  
APT 1613

City  
CLEVELAND

State  
OH

Zip Code  
44106-2277

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

RETIRED

Occupation (for Individual)

OTHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
01 / 27 / 2019

Transaction ID : A82B3826E153A47EAB2A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1615.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SCHROEDER, CARSTEN, , ,**

Mailing Address 1120 15TH ST  
# BA4407

City  
AUGUSTA

State  
GA

Zip Code  
30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THORACIC SURGICAL ONCOLOGY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

**Transaction ID : A81DCEC1674FB4ABDA15**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SCHWANN, THOMAS, A., DR.,**

Mailing Address 759 CHESTNUT STREET

City  
SPRINGFIELD

State  
MA

Zip Code  
01199-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF MASSACHUSETTS-BAYSTATE

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

**Transaction ID : A2A93EDD808484C4680C**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SEWARD, WILLIAM, F, ,**

Mailing Address 2312 FORESTVIEW RD

City  
EVANSTON

State  
IL

Zip Code  
60201-2012

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOCIETY OF THORACIC SURGEONS

Occupation (for Individual)  
ASSOCIATE EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

**Transaction ID : AD3F2CF60DCD94594AA3**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 31 OF 40

(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SHAHIAN, DAVID, M., DR.,**

Mailing Address 31 CRESCENT LANE

 City  
 SUDBURY

 State  
 MA

 Zip Code  
 01776-1674

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 MASSACHUSETTS GENERAL HOSPITAL

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	28	2019

Transaction ID : A48F2681C44C9471A82F

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SHRAGER, JOSEPH, B., DR.,**

 Mailing Address 300 PASTEUR DR, FALK BLDG, 2ND FL,  
 MC 5407

 City  
 STANFORD

 State  
 CA

 Zip Code  
 94305-2200

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 STANFORD UNIVERSITY SCHOOL OF MEDICINE

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	29	2019

Transaction ID : AEDFD2566C6804AABBCC

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. SILVER, MARC, C., ,**

Mailing Address 3452 GENESYS PARKWAY

 City  
 GRAND BLANC

 State  
 MI

 Zip Code  
 48439-7334

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 GENESYS CARDIOVASCULAR & THORACIC SURG

 Occupation (for Individual)  
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	29	2019

Transaction ID : A046A87408E844E8D94E

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

750.00



# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SINGER, RAYMOND, L., DR.,**

Mailing Address 3531 STURBRIDGE PLACE

City  
ALLENTOWN

State  
PA

Zip Code  
18104-1769

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LEHIGH VALLEY HEALTH NETWORK

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2019

**Transaction ID : A7F2B19104DA745FBBE9**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. SONNETT, JOSHUA R., , DR.,**

Mailing Address 22 DEERHILL DR

City  
HO HO KUS

State  
NJ

Zip Code  
07423-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COLUMBIA UNIVERSITY

Occupation (for Individual)  
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  
01 / 29 / 2019

**Transaction ID : ACA7B3AB4F78C40C6929**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. STAHL, RUSSELL, F., ,**

Mailing Address 4097 MATANZAS DRIVE

City  
MYRTLE BEACH

State  
SC

Zip Code  
29577-5876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GRAND STRAND HEART AND VASCULAR

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2019

**Transaction ID : A93F9F24557B04E8BAC4**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00



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

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

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. SUNDT, THORALF, M., DR.,**

Mailing Address 55 FRUIT STREET, COX 630

City  
BOSTON

State  
MA

Zip Code  
02114-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MASSACHUSETTS GENERAL HOSPITAL

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

Transaction ID : A205020DD39AA4D25B68

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. THOMAS, DONALD, D., DR., II**

Mailing Address 3181 SW SAM JACKSON PARK RD  
MAIL CODE L353

City  
PORTLAND

State  
OR

Zip Code  
97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
OREGON HEALTH & SCIENCE UNIVERSITY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 29 / 2019

Transaction ID : A6B9CEB06B5B2450E88F

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. THOMPSON, JESS, LEE, DR., III**

Mailing Address 14017 LOST CREEK DRIVE

City  
EDMOND

State  
OK

Zip Code  
73013-7275

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIV. OF OKLAHOMA

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 29 / 2019

Transaction ID : AB033815860A1438F96A

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1500.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. UKOHA, OZURU, O., ,**

Mailing Address 8 HAMILTON LN

City  
OAK BROOK

State  
IL

Zip Code  
60523-1753

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
COOK COUNTY HOSPITAL

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 11 / 2019

Transaction ID : A43444138608B41E98FD

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. VERRIER, EDWARD, D., ,**

Mailing Address 9302 110TH PLACE NE

City  
KIRKLAND

State  
WA

Zip Code  
98033-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF WASHINGTON

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

Transaction ID : A35E49703BA424673928

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WALJI, SALIM, M., DR.,**

Mailing Address P. O. BOX 7677

City  
ROCHESTER

State  
MN

Zip Code  
55903-7677

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 28 / 2019

Transaction ID : A6AF813EA37BB4398B29

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00

# **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 35 OF 40

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WALLEN, JASON, MORGAN, ,**

Mailing Address 750 E. ADAMS ST.  
SUITE 8141

City  
SYRACUSE

State  
NY

Zip Code  
13210-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
DEPARTMENT OF SURGERY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2019

**Transaction ID : A5F1D663CCE3143AF8B9**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WORMUTH, DAVID, W., DR.,**

Mailing Address 104 UNION AVE  
SUITE 804

City  
SYRACUSE

State  
NY

Zip Code  
13203-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CNY THORACIC SURGERY

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2019

**Transaction ID : A203A5FC1AAEC4F5AA25**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WOZNIAK, TOM, C., DR.,**

Mailing Address 13855 COLDWATER DRIVE

City  
CARMEL

State  
IN

Zip Code  
46032-8562

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PROHEALTH CARE

Occupation (for Individual)  
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2019

**Transaction ID : ACF37D83ACBC24B15BAC**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 40

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WYNBRANDT, ROBERT, A, ,**

Mailing Address 10 E DELAWARE PL  
APT 15B

City  
CHICAGO

State  
IL

Zip Code  
60611-1807

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THE SOCIETY OF THORACIC SURGEONS

Occupation (for Individual)  
ASSOCIATION EXEC/ATTORNEY

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  
01 / 28 / 2019

**Transaction ID : A697DC98CB44F713997**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

500.00

54865.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ARISTOTLE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2019

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : BAAF30EDF2**

Amount of Each Disbursement this Period

340.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2019

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : B88454B9159**

Amount of Each Disbursement this Period

72.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		10		2019

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : B7061B23F7**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

437.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ARISTOTLE**

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	1	9

FEC Identification Number

**C****Transaction ID : BE5E685F13**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE**

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : BA8316AE05**

Amount of Each Disbursement this Period

22.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE**

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	9

FEC Identification Number

**C****Transaction ID : B5A4088DD2**

Amount of Each Disbursement this Period

52.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

115.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. ARISTOTLE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2019

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : BF1E8B9C01**

Amount of Each Disbursement this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARISTOTLE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2019

Mailing Address 205 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-1164Purpose of Disbursement  
OPERATING EXPENDITURE

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : BDCDBDE99:**

Amount of Each Disbursement this Period

2553.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2565.50

3117.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. DUESMAN, JAMES FRANK, , ,**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		31		2019

Mailing Address 22 THORNWOOD COURT

City  
MOLINEState  
ILZip Code  
61265-6134Purpose of Disbursement  
REFUND

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : B40E085EB4!**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

100.00

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

100.00