

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement CONTRIBUTION

Candidate Name

AMERISH BERA

Office Sought: House Senate President

State: CA District: 07

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB23.6487

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANDY HARRIS FOR CONGRESS

Mailing Address P.O. BOX 426

City STEVENSVILLE State MD Zip Code 21666

Purpose of Disbursement CONTRIBUTION

Candidate Name

ANDREW P. HARRIS

Office Sought: House Senate President

State: MD District: 01

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB23.6488

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KINZINGER FOR CONGRESS

Mailing Address P.O. BOX 2365

City OTTAWA State IL Zip Code 61350

Purpose of Disbursement CONTRIBUTION

Candidate Name

ADAM KINZINGER

Office Sought: House Senate President

State: IL District: 16

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2015

Transaction ID : SB23.6490

Amount of Each Disbursement this Period

1000.00

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

3000.00

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