

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse 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. DAVIS, WILLIAM, M., DR.,

Mailing Address 4330 MEDICAL DR, STE 325

City
SAN ANTONIOState
TXZip Code
78229-3389FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOUTH TEXAS CT AND VASCULAR SURGERYOccupation (for Individual)
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
10	18	2018

Transaction ID : AB04C8BEDAB47457BB54

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. FIRSTENBERG, MICHAEL, SOL, DR.,Mailing Address CARDIOTHORACIC SURGERY ASSOCIATES
1444 S. POTOMAC , SUITE 390City
AURORAState
COZip Code
80012-4515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE MEDICAL CENTER OF AURORAOccupation (for Individual)
CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	13	2018

Transaction ID : ABA4A547F62314CD097E

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. GEIRSSON, ARNAR, , ,Mailing Address 330 CEDAR STREET
BOARDMAN 204City
NEW HAVENState
CTZip Code
06510-3218FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YALE UNIVERSITYOccupation (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
11	10	2018

Transaction ID : AC4431292BDED417EA80

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

900.00

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