



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text"/>	<input type="text" value="204203.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="196019.23"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2370.00"/>	<input type="text" value="110165.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="198389.23"/>	<input type="text" value="314368.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="243.04"/>	<input type="text" value="116222.80"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="198146.19"/>	<input type="text" value="198146.19"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 05 / 01 / 2026 To: 05 / 31 / 2026

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).....	2335.00	105540.00
(ii) Unitemized .....	35.00	4625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2370.00	110165.00
(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) .....	2370.00	110165.00
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)).....▶	2370.00	110165.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2370.00	110165.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	243.04	4222.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	243.04	4222.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	112000.00
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 .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (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)) ..	243.04	116222.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	243.04	116222.80

**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) .....	2370.00	110165.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2370.00	110165.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	243.04	4222.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	243.04	4222.80

**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 12
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Beaver, Thomas, M., , Md, Mph**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 Occupation (for Individual) Professor and Chief  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2026  
**Transaction ID : 9E738193-6D85-4AF7-8**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**B. Beckles, Daniel, L., , Md, Phd**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4105 Colina Cv Apt 10318  
 City Round Rock State TX Zip Code 78681-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ochsner Health Occupation (for Individual) Cardiothoracic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2026  
**Transaction ID : 1A265793-191F-4BF4-A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Bowen, Donnell, K., , Do**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 Carlisle Ave Ste 550  
 City Colleyville State TX Zip Code 76034-5435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Texas Health Harris Methodist Hospital Occupation (for Individual) Cardiothoracic Surgeon  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2026  
**Transaction ID : 4E2318F8-F7F4-444E-8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	275.00
<b>TOTAL</b> 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 7 OF 12
	<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**

**A. Bribiesco, Alejandro, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2979 Eaton Rd  
 City Shaker Heights State OH Zip Code 44122-2515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cleveland VA Medical Center Occupation (for Individual) Assistant Professor of Surgery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : 399E87F4-193B-4F0A-8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Crabtree, Traves, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 N 1st St Ste D252  
 City Springfield State IL Zip Code 62702-3757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southern Illinois University School of Occupation (for Individual) Professor of Surgery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 26 / 2026  
**Transaction ID : B2BD9327-ED5E-43D3-8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Fernandez, Felix, G, , Md, Msc**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 E Ponce De Leon Ave  
 City Decatur State GA Zip Code 30030-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emory University School of Medicine Occupation (for Individual) Professor of Surgery  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 05 / 24 / 2026  
**Transaction ID : ADA73088-1C1D-4FF5-B**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	710.00
<b>TOTAL</b> 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 8 OF 12
	<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**

**A. Kotova, Svetlana, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3300 NW 3rd Ave  
 City Camas State WA Zip Code 98607-8320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) OHSU and PeaceHealth Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2026  
**Transaction ID : 172DE9EE-DC7E-4309-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Linsky, Paul, Lewis, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8701 Watertown Plank Rd  
 City Milwaukee State WI Zip Code 53226-3548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) Associate Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2026  
**Transaction ID : 28377BBA-09B7-404E-8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Nichols, Francis, C, , III MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1034 Weatherhill Ln SW  
 City Rochester State MN Zip Code 55902-8842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Professor of Surgery Emeritus Thoracic  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 04 / 2026  
**Transaction ID : 60BBC44E-CF68-40AF-8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 9 OF 12
	<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**

**A. Pereira, Sara, Jane, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1801 N. Senate Ave, Suite 3300  
 City Indianapolis State IN Zip Code 46202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Indiana University Occupation (for Individual) Division Chief, Professor of Surgery  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2026  
**Transaction ID : B24BAB9D-DE82-44E0-8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Romano, Jennifer, C., , Md, Ms**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1540 E Hospital Dr  
 11-733 C.S. Mott Children's Hospit  
 City Ann Arbor State MI Zip Code 48109-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Michigan Congenital Hear Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 24 / 2026  
**Transaction ID : B4F55128-952E-46E4-B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Sheppard, Barry, B., , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1320 El Capitan Dr  
 Ste 120  
 City Danville State CA Zip Code 94526-6260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mercy Medical Center Merced Occupation (for Individual) Director, Lung Cancer Program  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2026  
**Transaction ID : 2AC15953-D8BE-4B6C-9**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 10 OF 12
	<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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Sherwood, John, T., MD

Mailing Address 7109 Hillwood Ct  
Ste 318

City Spotsylvania State VA Zip Code 22553-1948

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mary Washington Healthcare Occupation (for Individual) Director Thoracic Surgery

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2026  
**Transaction ID : 58476140-D3B9-44E1-A**

Amount of Each Receipt this Period 100.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Takayama, Hiroo, , , Md, Phd

Mailing Address 177 Fort Washington Ave,  
Milstein7-435

City New York State NY Zip Code 10032-3733

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Columbia University Occupation (for Individual) Professor of Surgery

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2026  
**Transaction ID : 9C927CB7-193F-4B9D-9**

Amount of Each Receipt this Period 250.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2335.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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. Stripe

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		01		2026

Mailing Address 354 Oyster Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : V0B5C1F5A2

Amount of Each Disbursement this Period

[REDACTED] 17.59

Memo Item

City San Francisco State CA Zip Code 94080

Purpose of Disbursement

Credit Card Fees

001
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. Stripe

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2026

Mailing Address 354 Oyster Point Blvd

FEC Identification Number

C [REDACTED]

Transaction ID : VEBD29E89B

Amount of Each Disbursement this Period

[REDACTED] 59.39

Memo Item

City San Francisco State CA Zip Code 94080

Purpose of Disbursement

Credit Card Fees

001
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. Truist Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		11		2026

Mailing Address 2 Massachusetts Ave NW

FEC Identification Number

C [REDACTED]

Transaction ID : FE32B382BA

Amount of Each Disbursement this Period

[REDACTED] 64.90

Memo Item

City Washington State DC Zip Code 20001

Purpose of Disbursement

Bank Fees

001
Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[REDACTED] 141.88

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

[REDACTED]

# 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 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. Truist Bank

Mailing Address 2 Massachusetts Ave NW

City  
Washington

State  
DC

Zip Code  
20001

Purpose of Disbursement

Bank Service Fees

001

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : E41A11755E

Amount of Each Disbursement this Period

[REDACTED] 101.16

Memo Item

Full Name (Last, First, Middle Initial)

### B.

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

Full Name (Last, First, Middle Initial)

### C.

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [REDACTED]

Amount of Each Disbursement this Period

[REDACTED]

Memo Item

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

[REDACTED] 101.16

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

[REDACTED] 243.04