

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 16

(check only one)

☒ 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. HUANG, KUO FON, , ,

Mailing Address 2115 S FREMONT AVE SUITE 5000

 City
 SPRINGFIELD

 State
 MO

 Zip Code
 65804-2230

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 MERCY HOSPITAL

 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
 11 / 16 / 2019

Transaction ID : A8A666CC2F0974B9D9DE

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. KOHMAN, LESLIE, J., DR.,

Mailing Address 750 E. ADAMS ST.

 City
 SYRACUSE

 State
 NY

 Zip Code
 13210-2306

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 STATE UNIVERSITY OF NEW YORK UPSTATE M

 Occupation (for Individual)
 CARDIOTHORACIC SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2019

Transaction ID : AFF702E9CF755476D939

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. KRAMER, ROBERT, SCOTT, DR.,

Mailing Address 46 FIELD RD

 City
 FALMOUTH

 State
 ME

 Zip Code
 04105-1102

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer (for Individual)
 MAINE MEDICAL CENTER

 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
 11 / 15 / 2019

Transaction ID : A1A504256FA9E49BEA25

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

525.00

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

525.00