

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

20 F STREET, NW



(Check if address is changed)

SUITE 310 C

Washington

CITY ▲

DC

STATE ▲

20001-6700

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

nbeek@sts.org

Optional Second E-Mail Address

cyohe@sts.org

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

WWW.STS.ORG

2. DATE

MM / DD / YYYY
03 / 01 / 2022

3. FEC IDENTIFICATION NUMBER ►

C

C00325936

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer Thompson, Jess, L., Dr., III

Signature of Treasurer

Thompson, Jess, L., Dr., III

[Electronically Filed]

Date

MM / DD / YYYY
04 / 06 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: ☐ House ☐ Senate ☐ President State District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☒ Membership Organization ☐ Trade Association ☐ Cooperative
- ☒ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	C	_____
2.	_____	FEC ID number	C	_____
3.	_____	FEC ID number	C	_____
4.	_____	FEC ID number	C	_____

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

THE SOCIETY OF THORACIC SURGEONS

Mailing Address

633 N Saint Clair St

Ste 2100

Chicago

IL

60611-5099

CITY

STATE

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Yohe Savage, Courtney, , Ms.,

Mailing Address

6109 N Morgan St

Alexandria

VA

22312-5519

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

202

680

8985

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Thompson, Jess, L., Dr., III

Mailing Address

1001 Willow Creek Rd

Ste 3200

Prescott

AZ

86301-1614

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

928

771

5595

Full Name of
Designated
Agent

Yohe Savage, Courtney, , Ms.,

Mailing Address

6109 N Morgan St

Alexandria

CITY

VA

STATE

22312-5519

ZIP CODE

Title or Position

Designated Agent

Telephone number

202

680

8985

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Truist Bank

Mailing Address

2 Massachusetts Ave NW

Washington

CITY

DC

STATE

20001

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE