

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use 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. SCHROEDER, CARSTEN, , ,**Mailing Address 1120 15TH ST  
# BA4407City  
AUGUSTAState  
GAZip Code  
30912-0004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
THORACIC SURGICAL ONCOLOGYOccupation (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
01	/	28	/	2019

**Transaction ID : A81DCEC1674FB4ABDA15**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. SCHWANN, THOMAS, A., DR.,**

Mailing Address 759 CHESTNUT STREET

City  
SPRINGFIELDState  
MAZip Code  
01199-1001FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UNIVERSITY OF MASSACHUSETTS-BAYSTATEOccupation (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
01	/	28	/	2019

**Transaction ID : A2A93EDD808484C4680C**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. SEWARD, WILLIAM, F, ,**

Mailing Address 2312 FORESTVIEW RD

City  
EVANSTONState  
ILZip Code  
60201-2012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SOCIETY OF THORACIC SURGEONSOccupation (for Individual)  
ASSOCIATE EXECUTIVE DIRECTOR

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
01	/	28	/	2019

**Transaction ID : AD3F2CF60DCD94594AA3**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1250.00

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