

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 SUITE 310 C Washington DC 20001-6700 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS nbeek@sts.org cyohe@sts.org

COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.STS.ORG

2. DATE 04 / 01 / 2020

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 04 / 01 / 2020

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.

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

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
 CITY STATE ZIP CODE
 Title or Position
 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 14017 Lost Creek Dr
 Edmond OK 73013-7275
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 405 271 5190

Full Name of Designated Agent | Yohe Savage, Courtney, , Ms.,

Mailing Address | 6109 N Morgan St
|
| Alexandria | VA | 22312-5519 |
| CITY | STATE | 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.

| SunTrust

Mailing Address | 2 Massachusetts Ave NW
|
| Washington | DC | 20001 |
| CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address |
|
| | | - |
| CITY | STATE | ZIP CODE