

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

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="2013"/>	<input type="text" value="93512.12"/>	<input type="text" value="93512.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="113331.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11960.30"/>	<input type="text" value="151821.96"/>
(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="125291.44"/>	<input type="text" value="245334.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10680.05"/>	<input type="text" value="130722.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="114611.39"/>	<input type="text" value="114611.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

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

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).....	10820.42	133965.84
(ii) Unitemized	1135.00	17822.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11955.42	151788.36
(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)	11955.42	151788.36
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.).....	4.88	33.60
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))..... ▶	11960.30	151821.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11960.30	151821.96

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	680.05	8722.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	680.05	8722.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	122000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	10680.05	130722.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10680.05	130722.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11955.42	151788.36
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11955.42	151788.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	680.05	8722.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	680.05	8722.69

**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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)
A. Steven B. Levine MD

Mailing Address 160 Hawley Ln Ste 202

City Trumbull State CT Zip Code 06611-5379

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

Name of Employer ENT and Allergy Associates, LLC Occupation Physician

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
 08 / 14 / 2013
Transaction ID : 5240222

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Theodore W Fetter MD

Mailing Address 8204 Hackamore Dr

City Potomac State MD Zip Code 20854-3874

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

Name of Employer Self-Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2013
Transaction ID : 5253915

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Scott A Dempewolf MD

Mailing Address 2002 12th Ave NW Ste D

City Ardmore State OK Zip Code 73401-1206

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

Name of Employer Southern Oklahoma ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2013
Transaction ID : 5269905

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
TOTAL 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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)
A. Robert Puchalski MD

Mailing Address PO Box 520

City Lugoff State SC Zip Code 29078-0520

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

Name of Employer South Carolina ENT & Facial Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2013
Transaction ID : 5281160

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B. Susan R. Cordes MD

Mailing Address 705 Riley Hospital Drive #0860

City Indianapolis State IN Zip Code 46202-5109

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

Name of Employer Indiana University School of Medicine Occupation Clinical Assistant Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1335.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : 5292048

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Gavin Setzen MD

Mailing Address 400 Patroon Creek Blvd Ste 205

City Albany State NY Zip Code 12206-5012

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

Name of Employer Albany ENT & Allergy Services PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : 5292049

Amount of Each Receipt this Period
 175.00

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
TOTAL 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 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)
A. Michael J. Reilly MD

Mailing Address Dept Of OTO-HNS
3800 Reservoir Rd NW FL 1 Gorman

City Washington State DC Zip Code 20007

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

Name of Employer Georgetown Univ Hosp Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
08 / 05 / 2013
Transaction ID : 5292051

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Lee D. Eisenberg MD MPH

Mailing Address 177 N Dean St Ste PHSOUTH

City Englewood State NJ Zip Code 07631-2533

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

Name of Employer ENT and Allergy Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 05 / 2013
Transaction ID : 5292052

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Michael J. Shinnars MD

Mailing Address 501 Skokie Blvd

City Northbrook State IL Zip Code 60062-2802

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

Name of Employer NorthShore Univ HealthSystem Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
08 / 05 / 2013
Transaction ID : 5292053

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00

TOTAL 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 20
<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)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. Paul T Hoff MD
Full Name (Last, First, Middle Initial)

Mailing Address 5333 McAuley Dr Rm 2017

City Ann Arbor State MI Zip Code 48106

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

Name of Employer Michigan Otolaryngology Sgy Assocs Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2013
Transaction ID : 5292054

Amount of Each Receipt this Period 35.00

B. Sarah L. Rohde MD
Full Name (Last, First, Middle Initial)

Mailing Address Dept Of OTO
7209 MCE South Tower

City Nashville State TN Zip Code 37232-0001

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

Name of Employer Vanderbilt Univ Med Ctr Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2013
Transaction ID : 5292055

Amount of Each Receipt this Period 35.00

C. Stephen A Goldstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 1501 N. Campbell Ave
PO Box 245074

City Tucson State AZ Zip Code 85724-0001

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

Name of Employer Pennsylvania Hosp Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2013
Transaction ID : 5292056

Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional).....▶ 105.00

TOTAL 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 20
<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)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. Samuel B. Welch MD PhD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of Oto
 4301 W Markham St Slot 543
 City Little Rock State AR Zip Code 72205-7101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Univ of Arkansas for Med Sci Occupation Associate Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : 5292057
 Amount of Each Receipt this Period
 45.00

B. Timothy M McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Highland Ave K4/719 Csc
 City Madison State WI Zip Code 53792-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Wisconsin Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : 5292058
 Amount of Each Receipt this Period
 30.42

C. Lauren C. Anderson de Moreno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address Dept of OTO-HNS
 800 Rose St, C236
 City Lexington State KY Zip Code 40536-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Kentucky Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : 5292059
 Amount of Each Receipt this Period
 35.00

SUBTOTAL of Receipts This Page (optional).....▶	110.42
TOTAL 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 11 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. Phyllis B. Bouvier MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2045 Franklin St
 Dept of Head and Neck Surgery
 City State Zip Code
 Denver CO 80205-5437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kaiser Permanente Medical Group Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2013
Transaction ID : 5292060
 Amount of Each Receipt this Period
 35.00

B. Mr. Ron Sallerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7701 Woodmont Avenue
 Apartment 908
 City State Zip Code
 Bethesda MD 20814-6043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Academy of Otolaryngology Sr. Direct of Development & Mktg
 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
 08 / 09 / 2013
Transaction ID : 5292064
 Amount of Each Receipt this Period
 250.00

C. Joseph R Spiegel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Chestnut St Fl 6
 City State Zip Code
 Philadelphia PA 19107-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Thomas Jefferson University Associate Professor of Otolaryngology
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2013
Transaction ID : 5292070
 Amount of Each Receipt this Period
 535.00

SUBTOTAL of Receipts This Page (optional).....▶	820.00
TOTAL 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 12 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)
A. Thomas J. Benda MD

Mailing Address 310 N Grandview Ave

City Dubuque State IA Zip Code 52001-6388

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

Name of Employer Dubuque ENT Head and Neck Surgery Occupation Physician

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
 08 / 13 / 2013
Transaction ID : 5292279

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Larry L Bailey MD

Mailing Address 3340 Oak Park Ave Ste 204

City Berwyn State IL Zip Code 60402-3483

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

Name of Employer Suburban Otolaryngology Occupation Physician

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
 08 / 13 / 2013
Transaction ID : 5292280

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Anthony J Cornetta MD

Mailing Address 180 E Pulaski Rd

City Huntington Station State NY Zip Code 11746-1915

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

Name of Employer Huntington Med Group Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2013
Transaction ID : 5292281

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 865.00

TOTAL 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 13 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)
A. Greg Krempf MD

Mailing Address Dept of ORL
PO Box 26901, WP 1290

City Oklahoma City State OK Zip Code 73126-0901

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

Name of Employer Oklahoma University Health Science Ctr Occupation Associate professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 14 / 2013
Transaction ID : 5292282

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. R Arturo Roa MD

Mailing Address 96 Township Road 369 Ste 101

City Proctorville State OH Zip Code 45669-9133

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

Name of Employer Holzer Clinic Liberty Circle Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 14 / 2013
Transaction ID : 5292283

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. John Martin Ulrich DO

Mailing Address 9463 Holly Rd Ste 100

City Grand Blanc State MI Zip Code 48439-2557

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

Name of Employer Michigan Otolaryngology Facial Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
08 / 14 / 2013
Transaction ID : 5292284

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

TOTAL 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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. Frederick A. Godley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Lands End Dr
 City North Kingstown State RI Zip Code 02852-4034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Alliance ENT Inc Occupation Physician
 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
 08 / 14 / 2013
Transaction ID : 5292285
 Amount of Each Receipt this Period
 500.00

B. Ms Joy L. Trimmer JD
 Full Name (Last, First, Middle Initial)
 Mailing Address 316 Pennsylvania Ave SE Ste 501
 City Washington State DC Zip Code 20003-1169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Academy of Otolaryngology-HNS Occupation Sr. Director, Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2013
Transaction ID : 5292286
 Amount of Each Receipt this Period
 535.00

C. John W. House MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 W 3rd St Ste 111
 City Los Angeles State CA Zip Code 90057-1999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer House Ear Clinic Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2013
Transaction ID : 5292289
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
TOTAL 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 15 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)
A. Dennis I. Bojrab MD

Mailing Address 30055 Northwestern Hwy Ste 101

City	State	Zip Code
Farmington Hills	MI	48334-3260

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

Name of Employer	Occupation
Michigan Ear Institute	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2013

Transaction ID : 5292324

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Rasesh P. Shah MD

Mailing Address 620 N Broad St

City	State	Zip Code
Woodbury	NJ	08096-1795

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

Name of Employer	Occupation
Regional OTO Head and Neck Associates	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		14		2013

Transaction ID : 5292401

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Seilesh Babu MD

Mailing Address 30055 Northwestern Hwy Ste 101

City	State	Zip Code
Farmington Hills	MI	48334-3260

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

Name of Employer	Occupation
Michigan Ear Institute	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		15		2013

Transaction ID : 5292408

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL 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 16 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. Joseph E. Hart MD FACS MS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1753 W Ridgeway Ave Ste 108
 City Waterloo State IA Zip Code 50701-4588
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedar Valley Ear Nose & Throat Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 16 / 2013
Transaction ID : 5292409
 Amount of Each Receipt this Period 365.00

B. Grayson K Rodgers MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 10th Ave S Ste 502
 City Birmingham State AL Zip Code 35205-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Birmingham Hearing and Bal Ctr Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 18 / 2013
Transaction ID : 5292414
 Amount of Each Receipt this Period 365.00

C. Russell W H Kridel MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6655 Travis St Ste 900
 City Houston State TX Zip Code 77030-1336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Facial Plastic Surgery Associates (FPS) Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 18 / 2013
Transaction ID : 5292415
 Amount of Each Receipt this Period 535.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1265.00
TOTAL 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: PAGE 17 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. James M Hartman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 S New Ballas Rd Ste 2300
 City Saint Louis State MO Zip Code 63141-8234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Louis Office Occupation Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2013
Transaction ID : 5292416
 Amount of Each Receipt this Period
 365.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	10820.42

**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"/> 24	<input type="checkbox"/> 25	<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)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Edonation

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement
Payment to Edonation

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 5293234

Amount of Each Disbursement this Period

Payment to Edonation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Walorski For Congress Inc

Mailing Address PO BOX 954

City State Zip Code
Mishawaka IN 46546

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Jackie Walorski

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2013

Transaction ID : 5214637

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City State Zip Code
Brentwood TN 37024

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Rep. Marsha Blackburn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2013

Transaction ID : 5214640

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Mailing Address P.O. BOX 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Bill Pascrell

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2013

Transaction ID : 5214642

Amount of Each Disbursement this Period

1000.00

Contribution to Federal Candidate

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

5000.00

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

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Bob Johnson

Mailing Address 115 Mcintosh Dr

City State Zip Code
Isle Of Hope GA 31406

Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

Robert Johnson MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

Transaction ID : 5214644

Amount of Each Disbursement this Period

5,000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

5000.00

10000.00
