FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

ADDRESS (number and street) ▼ 1650 Diagonal Road

☐ Check if different than previously reported. (ACC)

Alexandria | VA | 22314 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00306449

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☒ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2011 through 09 / 30 / 2011

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

Type or Print Name of Treasurer Brenda Hargett CPA

Signature of Treasurer *Brenda Hargett CPA* ***[Electronically Filed]*** Date 10 / 20 / 2011

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

Office Use Only							

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: 09 / 01 / 2011 To: 09 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		134393.57
(b) Cash on Hand at Beginning of Reporting Period	136144.35	
(c) Total Receipts (from Line 19)	13766.20	136189.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	149910.55	270583.55
7. Total Disbursements (from Line 31)	22256.84	142929.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	127653.71	127653.71
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period: From: 09 / 01 / 2011 To: 09 / 30 / 2011

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)	10985.00	114206.00
(ii) Unitemized	2775.42	21932.52
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	13760.42	136138.52
(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) ▶	13760.42	136138.52
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.)	5.78	51.46
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)) ▶	13766.20	136189.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	13766.20	136189.98

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	256.84	2929.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	256.84	2929.84
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	22000.00	140000.00
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))	22256.84	142929.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	22256.84	142929.84

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	13760.42	136138.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13760.42	136138.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	256.84	2929.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	256.84	2929.84

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)
[X] 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)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial): Peter Abramson MD
Mailing Address: 1958 Grand Prix Dr NE
City: Atlanta State: GA Zip Code: 30345-3930
FEC ID number of contributing federal political committee: C
Name of Employer: Abramson Facial Plastic Surgery
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 / 10 / 2011
Transaction ID : C1362383
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): J Noble Anderson MD
Mailing Address: 1773 Platt Pl
City: Montgomery State: AL Zip Code: 36117-7762
FEC ID number of contributing federal political committee: C
Name of Employer: ENT Assoc of Alabama PA
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 10 / 2011
Transaction ID : C1362764
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Peter C. Bondy MD
Mailing Address: 7569 Siena Blvd
City: Myrtle Beach State: SC Zip Code: 29572-8012
FEC ID number of contributing federal political committee: C
Name of Employer: Conway Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362774
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

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

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
Marcella R. Bothwell MD

Mailing Address 3030 Childrens Way MOB 402A

City: San Diego
State: CA
Zip Code: 92123-4228

FEC ID number of contributing federal political committee. C

Name of Employer: Rady Children's Hospital of San Diego
Occupation: Director, Pediatric Airway and Aerodig

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431081

Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Jeffrey S Brown MD

Mailing Address 15 Dix St Ste 4

City: Winchester
State: MA
Zip Code: 01890-1870

FEC ID number of contributing federal political committee. C

Name of Employer: Ear Nose & Throat Consultants Inc
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 11 / 2011
Transaction ID : C1431091

Amount of Each Receipt this Period: 535.00

C. Full Name (Last, First, Middle Initial)
Daniel G Carothers MD

Mailing Address 676 N Saint Clair St Ste 1575

City: Chicago
State: IL
Zip Code: 60611-2889

FEC ID number of contributing federal political committee. C

Name of Employer: Northwestern Nasal & Sinus
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431080

Amount of Each Receipt this Period: 35.00

SUBTOTAL of Receipts This Page (optional) ▶ 695.00

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

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
Sujana S. Chandrasekhar MD

Mailing Address 364 E 69th St Apt 2

City: New York
State: NY
Zip Code: 10021-5721

FEC ID number of contributing federal political committee. C

Name of Employer: New York OTO
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362781

Amount of Each Receipt this Period: 35.00

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

Mailing Address 702 Barnhill Dr Ste 860

City: Indianapolis
State: IN
Zip Code: 46202-5128

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 ▼ 700.00

Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431086

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
David R Edelstein MD

Mailing Address 1421 3rd Ave Fl 4

City: New York
State: NY
Zip Code: 10028-1802

FEC ID number of contributing federal political committee. C

Name of Employer: Prefrrd Health Prtnrs Bayrdge Center
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 10 / 2011
Transaction ID : C1362759

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial): Peter N. Friedensohn MD
Mailing Address: 500 Congress St Ste 2B
City: Quincy State: MA Zip Code: 02169-0960
FEC ID number of contributing federal political committee: C
Name of Employer: MA Eye & Ear Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362786
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Michael E. Glasscock MD
Mailing Address: 2104 Tom Miller St
City: Austin State: TX Zip Code: 78723-5380
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: 500.00
Date of Receipt: 09 / 10 / 2011
Transaction ID : C1362384
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Michael Gerard Glenn MD
Mailing Address: 1100 Ninth Ave L-10
City: Seattle State: WA Zip Code: 98111-0900
FEC ID number of contributing federal political committee: C
Name of Employer: Virginia Mason Med Ctr
Occupation: Medical Director Clinic and Physician-
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 / 13 / 2011
Transaction ID : C1362752
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1115.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
Nancy R Griner MD

Mailing Address 1700 Tree Ln Ste 320

City: Snellville
State: GA
Zip Code: 30078-6747

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 ▼ 450.00

Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431079

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Joseph E. Hart MD FACS MS

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: Self-Employed
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431082

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Ben Edward Leff MD

Mailing Address 50 E Dunlap Ave Ste 102

City: Phoenix
State: AZ
Zip Code: 85020-2879

FEC ID number of contributing federal political committee. C

Name of Employer: Advanced Ear Nose and Throat
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362771

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 515.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
Rick G. Love MD

Mailing Address 6912 Winton Blount Blvd Ste 7

City: Montgomery
State: AL
Zip Code: 36117-3555

FEC ID number of contributing federal political committee. C

Name of Employer: The Otorhinolaryngology Assoc
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362773

Amount of Each Receipt this Period: 375.00

B. Full Name (Last, First, Middle Initial)
Rodney P. Lusk MD

Mailing Address 555 N 30th St

City: Omaha
State: NE
Zip Code: 68131-2136

FEC ID number of contributing federal political committee. C

Name of Employer: Boys Town Natl Research Hosp
Occupation: Director Boys Town ENT Institute

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431084

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
William J McMillan MD

Mailing Address 471 Crystal Dr

City: Frankfort
State: MI
Zip Code: 49635-8503

FEC ID number of contributing federal political committee. C

Name of Employer: ENT Surgical Assc PC
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362769

Amount of Each Receipt this Period: 435.00

SUBTOTAL of Receipts This Page (optional) ▶ 910.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial): Alice H. Morgan MD PhD
Mailing Address: 1948 Al Highway 157 Ste 410
City: Cullman State: AL Zip Code: 35058-1502
FEC ID number of contributing federal political committee: C
Name of Employer: ENT Associates of Alabama
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 535.00
Date of Receipt: 09/12/2011
Transaction ID : C1362782
Amount of Each Receipt this Period: 170.00

B. Full Name (Last, First, Middle Initial): J David Osguthorpe MD
Mailing Address: 675 Wilson Cemetery Rd
City: Awendaw State: SC Zip Code: 29429-6044
FEC ID number of contributing federal political committee: C
Name of Employer: Med Univ of South Carolina
Occupation: Professor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09/10/2011
Transaction ID : C1362761
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Spencer C. Payne MD
Mailing Address: PO Box 800713
City: Charlottesville State: VA Zip Code: 22908-0713
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of Virginia Health System
Occupation: Assistant Professor
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09/19/2011
Transaction ID : C1420414
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 785.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial): Robert Puchalski MD
Mailing Address: 1165 Highway 1 S Ste 300
City: Lugoff State: SC Zip Code: 29078-8966
FEC ID number of contributing federal political committee: C
Name of Employer: South Carolina ENT ALL SLP
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 12 / 2011
Transaction ID : C1362735
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Liana Puscas MD
Mailing Address: Duke South Box 3805
City: Durham State: NC Zip Code: 27710-3805
FEC ID number of contributing federal political committee: C
Name of Employer: Duke University Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 535.00
Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362777
Amount of Each Receipt this Period: 170.00

C. Full Name (Last, First, Middle Initial): 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: 675.00
Date of Receipt: 09 / 22 / 2011
Transaction ID : C1390716
Amount of Each Receipt this Period: 175.00

SUBTOTAL of Receipts This Page (optional) ▶ 1345.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
Lawrence M. Simon MD

Mailing Address 200 Henry Clay Ave Ste 4119
Children's Hospital of New Orleans

City: New Orleans
State: LA
Zip Code: 70118-5720

FEC ID number of contributing federal political committee. C

Name of Employer: LSU Medical School
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 13 / 2011
Transaction ID : C1362736

Amount of Each Receipt this Period: 170.00

B. Full Name (Last, First, Middle Initial)
Joseph R Spiegel MD

Mailing Address 925 Chestnut St Fl 6

City: Philadelphia
State: PA
Zip Code: 19107-4204

FEC ID number of contributing federal political committee. C

Name of Employer: Thomas Jefferson University
Occupation: Associate Professor of Otolaryngology

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt: 09 / 13 / 2011
Transaction ID : C1362749

Amount of Each Receipt this Period: 535.00

C. Full Name (Last, First, Middle Initial)
Robert N. Strominger MD

Mailing Address 2 Ascot Pl

City: Ithaca
State: NY
Zip Code: 14850-1072

FEC ID number of contributing federal political committee. C

Name of Employer: Cayuga ENT Head & Neck Surgery
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 03 / 2011
Transaction ID : C1431073

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1070.00

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)
[X] 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. Full Name (Last, First, Middle Initial): Paulus D. Tsai MD
Mailing Address: 3637 Crater Rd Apt A
City: Honolulu State: HI Zip Code: 96816-2352
FEC ID number of contributing federal political committee: C
Name of Employer: Tripler Army Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09/04/2011
Transaction ID : C1431074
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Dale A. Tylor MD
Mailing Address: 7th Floor Doctors' Office Tower 2200 Children'S Way
City: Nashville State: TN Zip Code: 37232
FEC ID number of contributing federal political committee: C
Name of Employer: Vanderbilt Medical Center Dept of OTO
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09/11/2011
Transaction ID : C1362381
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Ira D. Uretzky MD
Mailing Address: 7301 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614-2017
FEC ID number of contributing federal political committee: C
Name of Employer: Peoria ENT
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 535.00
Date of Receipt: 09/10/2011
Transaction ID : C1362779
Amount of Each Receipt this Period: 535.00

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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)
[X] 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. Full Name (Last, First, Middle Initial): W Juan Watkins MD
Mailing Address: 2121 Line Ave
City: Shreveport State: LA Zip Code: 71104-2126
FEC ID number of contributing federal political committee: C
Name of Employer: The ENT Center AMC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 / 22 / 2011
Transaction ID : C1390715
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Samuel B. Welch MD PhD
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: 535.00
Date of Receipt: 09 / 10 / 2011
Transaction ID : C1362762
Amount of Each Receipt this Period: 35.00

C. Full Name (Last, First, Middle Initial): Jay S. Youngerman MD
Mailing Address: 875 Old Country Rd Ste 200
City: Plainview State: NY Zip Code: 11803-4934
FEC ID number of contributing federal political committee: C
Name of Employer: Long Island ENT Assoc PC
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 09 / 05 / 2011
Transaction ID : C1431085
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 635.00

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)
[X] 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.
Full Name (Last, First, Middle Initial): Todd A Zachs MD
Mailing Address: 901 Farmington Ave Ste 3
City: West Hartford State: CT Zip Code: 06119-1418
FEC ID number of contributing federal political committee: C
Name of Employer: Associated Ear Nose and Throat
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 535.00
Date of Receipt: 09 / 11 / 2011
Transaction ID : C1362772
Amount of Each Receipt this Period: 535.00

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
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
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 535.00

TOTAL This Period (last page this line number only) ▶ 10985.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.
Full Name (Last, First, Middle Initial): EDonation
Mailing Address: 118 N Saint Asaph St
City: Alexandria State: VA Zip Code: 22314-3110
Purpose of Disbursement: Payment to eDonation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2012 [ ] Primary [ ] General [X] Other (specify) ▼ Payment to eDonation
Date of Disbursement: M M 09 / D D 30 / Y Y Y Y 2011
Transaction ID : D120024
Amount of Each Disbursement this Period: 232.84

B.
Full Name (Last, First, Middle Initial): National Capital Bank
Mailing Address: 316 Pennsylvania Avenue SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Stop Payment Fee on Disbursement Check
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2011 [ ] Primary [ ] General [X] Other (specify) ▼ Stop payment fee
Date of Disbursement: M M 09 / D D 06 / Y Y Y Y 2011
Transaction ID : D120182
Amount of Each Disbursement this Period: 24.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 256.84

TOTAL This Period (last page this line number only) ▶ 256.84

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A.
Full Name (Last, First, Middle Initial): ANDY HARRIS FOR CONGRESS
Mailing Address: PO Box 1527
City: Annapolis State: MD Zip Code: 21404
Purpose of Disbursement: Reconcile uncashed check from 4/26/11
Candidate Name: Rep. Andy Harris
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119353
Amount of Each Disbursement this Period: -2500.00

B.
Full Name (Last, First, Middle Initial): ANDY HARRIS FOR CONGRESS
Mailing Address: PO Box 1527
City: Annapolis State: MD Zip Code: 21404
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Rep. Andy Harris
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119355
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): BILL CASSIDY FOR CONGRESS
Mailing Address: 8550 United Plaza Blvd.
City: Baton Rouge State: LA Zip Code: 70809
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Rep. Bill Cassidy
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119351
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial)
CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN

Mailing Address PO Box 12612

City: San Antonio State: TX Zip Code: 78212

Purpose of Disbursement: Contribution to Federal Candidate

Candidate Name: Rep. Charlie Gonzalez

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

State: TX District: 20

Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 01 / 2011

Transaction ID : D119346

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City: RIVERDALE State: GA Zip Code: 30296

Purpose of Disbursement: Contribution to Federal Candidate

Candidate Name: Rep. David Scott

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

State: GA District: 13

Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 01 / 2011

Transaction ID : D119347

Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial)
CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City: Richmond State: VA Zip Code: 23226

Purpose of Disbursement: Contribution to Federal Candidate

Candidate Name: Rep. Eric Cantor

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

State: VA District: 07

Disbursement For: 2012 [X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 01 / 2011

Transaction ID : D119352

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial): PALLONE FOR CONGRESS
Mailing Address: PO Box 3176
City: Long Branch State: NJ Zip Code: 07740
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Rep. Frank Pallone Jr.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119350
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): UPTON FOR ALL OF US
Mailing Address: P.O. Box 490
City: St. Joseph State: MI Zip Code: 49085
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Rep. Fred Upton
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119345
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF NAN HAYWORTH
Mailing Address: 51 Gleneida Avenue
City: Carmel State: NY Zip Code: 10512
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Rep. Nan Hayworth
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 19
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119392
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

A. Full Name (Last, First, Middle Initial): VERN BUCHANAN FOR CONGRESS
Mailing Address: P. O. Box 48928
City: Sarasota State: FL Zip Code: 34230
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Rep. Vern Buchanan
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 13
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119344
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): STABENOW FOR US SENATE
Mailing Address: P.O. BOX 4945
City: EAST LANSING State: MI Zip Code: 48826
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Sen. Debbie Stabenow
Office Sought: ☐ House ☒ Senate ☐ President
State: MI District: 00
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119349
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): GILLIBRAND FOR SENATE
Mailing Address: 236 MASSACHUSETTS AVE SUITE 110
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement: Contribution to Federal Candidate
Candidate Name: Sen. Kirsten Gillibrand
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 09 / 01 / 2011
Transaction ID : D119348
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 22000.00