

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 14
(check only one)

<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. Steven H Sacks MD
Full Name (Last, First, Middle Initial)
Mailing Address 210 E 86th St Fl 9
City New York State NY Zip Code 10028-7732
FEC ID number of contributing federal political committee. **C**
Name of Employer ENT and Allergy Assoc Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **365.00**

Date of Receipt **01 / 30 / 2015**
Transaction ID : 6771134
Amount of Each Receipt this Period **365.00**

B. Charles Mixson MD
Full Name (Last, First, Middle Initial)
Mailing Address 150 Nacoochee Ave
City Athens State GA Zip Code 30601-1823
FEC ID number of contributing federal political committee. **C**
Name of Employer ENT of Athens Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **535.00**

Date of Receipt **01 / 31 / 2015**
Transaction ID : 6771135
Amount of Each Receipt this Period **535.00**

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
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	12820.00