

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 92  
(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.**

Full Name (Last, First, Middle Initial)  
Brian C Mitchell, MD

Mailing Address 2062 NW 19th Way

City State Zip Code  
Boca Raton FL 33431-6301

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** C714091

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard T Miyamoto, MD MS

Mailing Address Dept of OTO  
699 W Drive RR132

City State Zip Code  
Indianapolis IN 46202-5119

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

Name of Employer  
INDIANA UNIVERSITY MEDICAL CENTER

Occupation  
Arilla Spence DeVault Professor & Chair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C705885

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
J Cary Moorhead, MD

Mailing Address 848 W Friar Tuck Ln

City State Zip Code  
Houston TX 77024-3606

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 03 / 2009

**Transaction ID:** C705889

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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