

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

ADDRESS (number and street) One Prince Street
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** 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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

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 Tom Harlow

Signature of Treasurer Electronically Filed by Tom Harlow Date 07 07 2008

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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		64954.43
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	64954.43									
(c) Total Receipts (from Line 19)	56085.90	129251.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	121040.33	194206.42								
7. Total Disbursements (from Line 31)	66613.56	139752.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54426.77	54453.84								
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**

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	41445.00	100621.00
(i) Itemized (use Schedule A)	14565.00	28505.00
(ii) Unitemized	56010.00	129126.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56010.00	129126.00
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.)	75.90	125.99
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 Transfer (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))	56085.90	129251.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56085.90	129251.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	113.56	252.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	113.56	252.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	66500.00	139500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	66613.56	139752.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	66613.56	139752.58

DETAILED SUMMARY PAGE
of Disbursements

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	56010.00	129126.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56010.00	129126.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	113.56	252.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	113.56	252.58

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 55

(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)

Peter Abramson, MD

Mailing Address 1958 Grand Prix Dr NE

City State Zip Code
Atlanta GA 30345-3930

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 8

Transaction ID: C409458

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Ravi Prakash Agarwal, MD

Mailing Address 5757 W Thunderbird Rd Ste W301

City State Zip Code
Glendale AZ 85306-4641

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: C427150

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Sudhir P Agarwal, MD

Mailing Address 5757 W Thunderbird Rd Ste W301

City State Zip Code
Glendale AZ 85306-4649

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

Name of Employer Westside Ear Nose and Throat Occupation
Westside Ear Nose and Throat Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C416251

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 55
(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

<p>A. Full Name (Last, First, Middle Initial) Jose L Arsuaga, MD</p> <p>Mailing Address Augusto Rodriguez St 1503 5th Fl</p> <p>City State Zip Code San Juan PR 00909-2275</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 06 / 03 / 2008</p> <p>Transaction ID: C425139</p> <p>Amount of Each Receipt this Period 250.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Gregory A Ator, MD</p> <p>Mailing Address Dept of OTO-HNS 3901 Rainbow Blvd MS 3010</p> <p>City State Zip Code Kansas City KS 66160-0001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Kansas University Medical Center Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 04 / 16 / 2008</p> <p>Transaction ID: C414854</p> <p>Amount of Each Receipt this Period 365.00</p>
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<p>C. Full Name (Last, First, Middle Initial) John F Barrord, MD</p> <p>Mailing Address 1055 Summitt Dr</p> <p>City State Zip Code Middletown OH 45042-3464</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt 05 / 16 / 2008</p> <p>Transaction ID: C422342</p> <p>Amount of Each Receipt this Period 365.00</p>
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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

FOR LINE NUMBER: PAGE 8 / 55
(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. Full Name (Last, First, Middle Initial)
David Beal, MD

Mailing Address 4001 Laurel St
Ste 204

City Anchorage State AK Zip Code 99508-5332

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 05 / 19 / 2008
Transaction ID: C422351
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Daniel R Berner, MD

Mailing Address 2320 Concord Rd

City Lafayette State IN Zip Code 47909-2708

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 ▼ 1000.00

Date of Receipt 06 / 13 / 2008
Transaction ID: C427163
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 59 Burnwood Ln

City Upper Saddle River State NJ Zip Code 07458-1624

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 06 / 01 / 2008
Transaction ID: C436789
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 9 / 55
(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)
Robin Brody, MD

Mailing Address 385 Prospect Ave
Ste 2

City Hackensack State NJ Zip Code 07601-2584

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
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: C431646

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Richard K Caldwell, MD

Mailing Address 417B S 4th St

City Gadsden State AL Zip Code 35901-5214

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

Name of Employer Dowling & Caldwell MD PC Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: C427165

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Karen H Calhoun, MD

Mailing Address 1 Hospital Dr
MA314 DC027 00

City Columbia State MO Zip Code 65212-0001

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

Name of Employer University of Texas Occupation William E. Davis Professor and Chair

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C415181

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 55

(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)

Andrew C Campbell, MD

Mailing Address 1411 N Taylor Dr

City State Zip Code
Sheboygan WI 53081-3043

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

Name of Employer Occupation
Sheboygan ENT Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 8

Transaction ID: C416247

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mark E Carney, MD

Mailing Address 1887 Richmond Ave

City State Zip Code
Staten Island NY 10314-3923

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C425125

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ara A Chalian, MD

Mailing Address Dept of OTO
3400 Spruce St

City State Zip Code
Philadelphia PA 19104-4206

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

Name of Employer Occupation
University of Pennsylvania Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414850

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 11 / 55
	<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) W Greg Chernoff, MD		Date of Receipt MM / DD / YYYY 06 / 25 / 2008		
	Mailing Address 9002 N Meridian St Ste 205		Transaction ID: C431351		
	City Indianapolis	State IN	Zip Code 46260-5350	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Won-taek Choe, MD		Date of Receipt MM / DD / YYYY 05 / 02 / 2008		
	Mailing Address 404 Park Ave South 12th Fl		Transaction ID: C418761		
	City New York	State NY	Zip Code 10016	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Carl Coppola, MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2008		
	Mailing Address 3950 Kresge Way Ste 402		Transaction ID: C414837		
	City Louisville	State KY	Zip Code 40207-4637	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 55
(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. Full Name (Last, First, Middle Initial)
Jeffrey Cousin, MD

Mailing Address 984 N Broadway
ENTand Allergy Associates

City Yonkers State NY Zip Code 10701-1308

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 ▼ 500.00

Date of Receipt 04 / 14 / 2008
Transaction ID: C410611
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Donald E Crawley, MD

Mailing Address 809 S Walnut St

City Stillwater State OK Zip Code 74074-4226

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 04 / 16 / 2008
Transaction ID: C414852
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Lawrence J Danna, MD

Mailing Address 108 Contempo Ave

City West Monroe State LA Zip Code 71291-5312

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 ▼ 1000.00

Date of Receipt 04 / 04 / 2008
Transaction ID: C409376
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55
(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. Full Name (Last, First, Middle Initial)
C. Phillip Daspit, MD
 Mailing Address 222 W Thomas Rd Ste 114
 City State Zip Code
 Phoenix AZ 85013-4420
 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 ▼ 730.00
 Date of Receipt MM / DD / YYYY
 05 / 02 / 2008
Transaction ID: C418794
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
C. Phillip Daspit, MD
 Mailing Address 222 W Thomas Rd Ste 114
 City State Zip Code
 Phoenix AZ 85013-4420
 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 ▼ 730.00
 Date of Receipt MM / DD / YYYY
 05 / 19 / 2008
Transaction ID: C422350
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Steven M Dawson, MD
 Mailing Address 12333 NE 130th Lane Ste 440
 City State Zip Code
 Kirkland WA 98034
 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 / 22 / 2008
Transaction ID: C414872
 Amount of Each Receipt this Period 250.00

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

FOR LINE NUMBER: PAGE 14 / 55
(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. Full Name (Last, First, Middle Initial)
Wayne Eisman, MD
 Mailing Address 70 Hampton Rd
 City State Zip Code
 Scarsdale NY 10583-2208
 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: 06 / 25 / 2008
Transaction ID: C431334
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Edward B Ermini, MD
 Mailing Address 4303 Ludgate St
 City State Zip Code
 Lumberton NC 28358-2460
 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: 05 / 16 / 2008
Transaction ID: C422372
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Joel A Ernster, MD
 Mailing Address 3030 N Circle Dr Ste 300
 City State Zip Code
 Colorado Springs CO 80909-1180
 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: 04 / 22 / 2008
Transaction ID: C415183
 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: PAGE 15 / 55
(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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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)
Mark L Fox, MD

Mailing Address 1 Park St

City State Zip Code
Cos Cob CT 06807-1615

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
05 / 02 / 2008

Transaction ID: C418762

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jack L Gluckman, MD

Mailing Address Dept of OTO-HNS
231 Albert Sabin Way # 528

City State Zip Code
Cincinnati OH 45267-0528

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

Name of Employer University of Cincinnati Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: C415177

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Steven M Gold, MD

Mailing Address 177 N Dean St

City State Zip Code
Englewood NJ 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2008

Transaction ID: C427140

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 16 / 55
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<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.	Full Name (Last, First, Middle Initial) Andrew Goldman, MD		Date of Receipt	
	Mailing Address 4745 Arapahoe Ave Boulder Valley ENT		M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C415180
	Boulder	CO	80303-1082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		365.00	
	Name of Employer Boulder Valley ENT		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Steven I Goldstein, MD		Date of Receipt	
	Mailing Address 6 Lovell Rd		M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C418763
	New Rochelle	NY	10804	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Daniel Grinberg, MD		Date of Receipt	
	Mailing Address 1 Crosfield Ave		M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: C414840
	West Nyack	NY	10994	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
	Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1365.00
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 17 / 55
<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) Nancy R Griner, MD		Date of Receipt MM / DD / YYYY 04 / 22 / 2008		
	Mailing Address 1700 Tree Ln Ste 320		Transaction ID: C415186		
	City Snellville	State GA	Zip Code 30078	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self Employed		Occupation Physician		

B.	Full Name (Last, First, Middle Initial) Neil Hockstein, MD		Date of Receipt MM / DD / YYYY 06 / 11 / 2008		
	Mailing Address 1941 Limestone Rd Ste 210		Transaction ID: C427153		
	City Wilmington	State DE	Zip Code 19808	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self Employed		Occupation Clinical Assistant Professor		

C.	Full Name (Last, First, Middle Initial) Vincent F. Honrubia, MD		Date of Receipt MM / DD / YYYY 05 / 28 / 2008		
	Mailing Address PO Box 600		Transaction ID: C425119		
	City Edinburg	State TX	Zip Code 78540-0600	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self Employed		Occupation Physician		

SUBTOTAL of Receipts This Page (optional)	1365.00
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 18 / 55

(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)

John J Huang, MD

Mailing Address 690 Kinderkamack Rd Ste 101

City State Zip Code
Oradell NJ 07649-1524

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

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414843

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ofer Jacobowitz, MD PhD

Mailing Address 674 E Main St

City State Zip Code
Middletown NY 10940-2644

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 / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: C431349

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Arthur C Jones, MD

Mailing Address 900 N Liberty St Ste 400

City State Zip Code
Boise ID 83704-8707

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 / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418782

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

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 19 / 55

(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)
Shawn C Jones, MD

Mailing Address PO Box 9686
225 Medical Center Dr Ste 304

City State Zip Code
Paducah KY 42003

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

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418593

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Lawrence Katin, MD

Mailing Address 255 W Lancaster Ave Ste 224
Medical Office Bldg II

City State Zip Code
Paoli PA 19301-1765

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 / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418795

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Umang Khetarpal, MD

Mailing Address 401 Escandon Ave

City State Zip Code
Rancho Viejo TX 78575-9716

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

Name of Employer Southwest ENT Inc Occupation
Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C425112

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

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 20 / 55

(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)

Helen Kim, MD

Mailing Address 1414 Victory Blvd

City State Zip Code
Staten Island NY 10301-3914

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

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 8

Transaction ID: C425115

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Darius Kohan, MD

Mailing Address 863 Park Ave Apt 1E

City State Zip Code
New York NY 10021-0342

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 / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: C431339

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Stephen A Kramer, MD

Mailing Address 2800 10th Ave N

City State Zip Code
Billings MT 59101-0703

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 / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418797

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

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 21 / 55

(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)

Russell W H Kridel, MD

Mailing Address 6655 Travis St Ste 900

City State Zip Code
Houston TX 77030-1336

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

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418777

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Pierre Lavertu, MD

Mailing Address Dept of OTO HNS
11100 Euclid Ave

City State Zip Code
Cleveland OH 44106-1736

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

Name of Employer University Hospitals of Cleveland Occupation
Professor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414838

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

David B Lawrence, MD

Mailing Address 1600 Harrison Ave

City State Zip Code
Mamaroneck NY 10543-3126

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

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414461

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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 22 / 55
(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. Full Name (Last, First, Middle Initial)
Derek S Lee, MD

Mailing Address 201 S Livingston Ave Ste 2G

City State Zip Code
Livingston NJ 07039-4040

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: C418594

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Daniel J Leeman, MD

Mailing Address 1015 E 32nd St Ste 205

City State Zip Code
Austin TX 78705-2700

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2008

Transaction ID: C427142

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Jonathan A Lesserson, MD

Mailing Address 550 Faletti Way

City State Zip Code
Rivervale NJ 07675-6038

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2008

Transaction ID: C431347

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1030.00**

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 23 / 55
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Roger Levin, MD		Date of Receipt MM / DD / YYYY 05 / 19 / 2008
Mailing Address 890 Poplar Church Rd Ste 300		Transaction ID: C422368
City Camp Hill	State Zip Code PA 17011-2250	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Edward Lipinsky, MD		Date of Receipt MM / DD / YYYY 05 / 28 / 2008
Mailing Address 300 E Main St Ste 1		Transaction ID: C425122
City Smithtown	State Zip Code NY 11787-2900	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Donn A Livingstone, MD		Date of Receipt MM / DD / YYYY 04 / 16 / 2008
Mailing Address 611 N F St		Transaction ID: C414860
City Aberdeen	State Zip Code WA 98520-2667	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer ENT Associates, SW	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 24 / 55
(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. Full Name (Last, First, Middle Initial)
Joel Lubritz, MD

Mailing Address 3101 S Maryland Pkwy
Ste 102

City State Zip Code
Las Vegas NV 89109-2324

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
MM / DD / YYYY
05 / 30 / 2008

Transaction ID: C425124

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Robert R MacDonald, MD

Mailing Address 4790 Executive Centre Pkwy

City State Zip Code
Saint Peters MO 63376-1606

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

Name of Employer MidWest ENT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: C414868

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Donald A Maschka, MD

Mailing Address 250 S Crescent Dr

City State Zip Code
Mason City IA 50401-2926

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 / 04 / 2008

Transaction ID: C409379

Amount of Each Receipt this Period
250.00

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

FOR LINE NUMBER: PAGE 25 / 55

(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)

Nicholas Mastros, MD

Mailing Address 2315 Sunset Blvd

City

Steubenville

State

OH

Zip Code

43952-2496

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

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414871

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Douglas E Mattox, MD

Mailing Address 1365A Clifton Rd NE

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing federal political committee.

C

Name of Employer
Emory University School of Medicine

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418770

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mary M McBrien, MD

Mailing Address 6900 Orchard Lake Rd Ste 314

City

West Bloomfield

State

MI

Zip Code

48322-3457

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

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 8

Transaction ID: C427145

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 26 / 55

(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)

Dinesh C. Mehta, MD

Mailing Address 367 Old Army Rd

City State Zip Code
Scarsdale NY 10583-2641

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

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 0 8

Transaction ID: C410617

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John M Milligan, MD

Mailing Address 333 E Virginia Ave Ste 101

City State Zip Code
Phoenix AZ 85004-1207

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 ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C425129

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

Carolyn F Mischer, MD

Mailing Address 1300 Crane St

City State Zip Code
Menlo Park CA 94025-4260

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

Name of Employer Stanford Hospital and Clinics 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
0 5 / 1 9 / 2 0 0 8

Transaction ID: C422359

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1415.00

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 27 / 55
(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. Full Name (Last, First, Middle Initial)
Taewon Moon, MD

Mailing Address 464 Hudson Ter Ste 102

City State Zip Code
Englewood Cliffs NJ 07632-2917

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
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: C414864

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Philip Morgan, MD

Mailing Address 1765 Gray Lynn Dr

City State Zip Code
Walla Walla WA 99362-8207

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 / 22 / 2008

Transaction ID: C414873

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dan Moskowitz, MD

Mailing Address 5 Shippen Rd

City State Zip Code
Armonk NY 10504-1325

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
06 / 11 / 2008

Transaction ID: C427137

Amount of Each Receipt this Period
250.00

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: PAGE 28 / 55
(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. Full Name (Last, First, Middle Initial)
Scott M Nelson, MD
 Mailing Address 9500 Mentor Ave Ste 200
 City State Zip Code
Mentor OH 44060-8702
 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 M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 8
Transaction ID: C409380
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Frederic P Ogren, MD
 Mailing Address 17030 Lakeside Hills Plz Ste 204
 City State Zip Code
Omaha NE 68130-2396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ENT Physicians Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 6 / 1 3 / 2 0 0 8
Transaction ID: C427164
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
David S Oliver, MD
 Mailing Address 5201 Frederick St
 City State Zip Code
Savannah GA 31405-4501
 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 / D D / Y Y Y Y Y
0 6 / 0 3 / 2 0 0 8
Transaction ID: C425140
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 55

(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)

Gregory Osetinsky, MD

Mailing Address 1720 Nicholasville Rd
Ste 500

City Lexington State KY Zip Code 40503-1404

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

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: C409381

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

George Pazos, MD

Mailing Address 20 North Pl

City Chappaqua State NY Zip Code 10514-3618

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

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 8

Transaction ID: C431643

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrew D Pedersen, MD

Mailing Address 5050 NE Hoyt St Ste 655

City Portland State OR Zip Code 97213-2990

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 / D D / Y Y Y Y
0 6 / 0 3 / 2 0 0 8

Transaction ID: C425144

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: PAGE 30 / 55
(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)
William S Postal, MD

Mailing Address 198 Massachusetts Ave

City State Zip Code
North Andover MA 01845-4143

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

Name of Employer Occupation
North Andover ENT Associates Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: C418766

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert B Prehn, MD

Mailing Address 855 N Westhaven Dr

City State Zip Code
Oshkosh WI 54904-7668

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2008

Transaction ID: C410616

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Edward J Reardon, MD

Mailing Address 61 Village Ave

City State Zip Code
Dedham MA 02026-4105

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2008

Transaction ID: C409370

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 55
(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)
Andrew J Reid, MD

Mailing Address 1110 W Main Cross St

City Findlay State OH Zip Code 45840-2423

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 / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 8

Transaction ID: C409377

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Edward B Rhee, MD

Mailing Address 3 Longview Ct

City Old Tappan State NJ Zip Code 07675-7480

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
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414841

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Randolph M Richards, MD

Mailing Address 1750 Memorial Dr Ste B

City Clarksville State TN Zip Code 37043-4561

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

Name of Employer Clarksville ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 8

Transaction ID: C414867

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

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

FOR LINE NUMBER: PAGE 32 / 55
(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
							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)
Kevin Robinson, MD

Mailing Address 3155 NE 184th St
Apt 8302

City State Zip Code
Aventura FL 33160-4987

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
06 / 25 / 2008

Transaction ID: C431640

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Grayson K Rodgers, MD

Mailing Address 2700 10th Ave S Ste 502

City State Zip Code
Birmingham AL 35205-1250

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

Name of Employer Birmingham Hearing and Balance
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2008

Transaction ID: C418773

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Louis J Rondinella, MD

Mailing Address PO Box 608

City State Zip Code
Somers Point NJ 08244-0608

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
06 / 25 / 2008

Transaction ID: C431352

Amount of Each Receipt this Period
250.00

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: PAGE 33 / 55

(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)

Steven H Sacks, MD

Mailing Address 210 E 86th St 9th Fl

City

New York

State

NY

Zip Code

10028-3003

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 ▼

500.00

Date of Receipt

MM / DD / YYYY
06 / 11 / 2008

Transaction ID: C427138

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

B Todd Schaeffer, MD

Mailing Address 3003 New Hyde Park Rd Ste 409

City

Lake Success

State

NY

Zip Code

11042-1214

FEC ID number of contributing federal political committee.

C

Name of Employer
NY Facial Plastics

Occupation
President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
05 / 02 / 2008

Transaction ID: C418767

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Michael Scherl, MD

Mailing Address 219 Old Hook Rd

City

Westwood

State

NJ

Zip Code

07675-3131

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 / 04 / 2008

Transaction ID: C409378

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

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

FOR LINE NUMBER: PAGE 34 / 55
(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

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)
Frederic W Schmidt, MD

Mailing Address 923 Eliza St

City State Zip Code
Green Bay WI 54301-3234

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 ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2008

Transaction ID: C427183

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Barbara A Schultz, MD

Mailing Address 5323 Harry Hines Blvd
Dept of Otolaryngology

City State Zip Code
Dallas TX 75390-9035

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

Name of Employer University of Texas Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2008

Transaction ID: C414875

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Michael D Seidman, MD

Mailing Address Dept of OTO
6777 W Maple Rd

City State Zip Code
West Bloomfield MI 48322-3013

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

Name of Employer Henry Ford Medical Center Occupation Director Otology/Neurotology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2008

Transaction ID: C409443

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 55

(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)

Paul F Shea, MD

Mailing Address 6133 Poplar Pike

City State Zip Code
Memphis TN 38119-4707

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

Name of Employer Occupation
Shea Ear Clinic Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414858

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Russell Shu, MD

Mailing Address 825 Washington St Ste 310

City State Zip Code
Norwood MA 02062-3481

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

Name of Employer Occupation
ENT Specialists Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C425132

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Abraham I Sinnreich, MD

Mailing Address 1887 Richmond Ave Ste 5

City State Zip Code
Staten Island NY 10314-3909

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 8

Transaction ID: C427159

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 36 / 55
(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. Full Name (Last, First, Middle Initial)
Jonathan C Smith, MD
Mailing Address 490 Bleeker Ave Apt 2E
City Mamaroneck State NY Zip Code 10543-4543
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 04 / 14 / 2008
Transaction ID: C410615
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Derek K Soohoo, MD
Mailing Address 26 Burling Ln
City New Rochelle State NY Zip Code 10801-5604
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 06 / 25 / 2008
Transaction ID: C431342
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Gangadhar Srikumar Sreepada, MD
Mailing Address 48 Divan Way
City Wayne State NJ Zip Code 07470-5229
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 05 / 02 / 2008
Transaction ID: C418589
Amount of Each Receipt this Period 250.00

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: PAGE 37 / 55
(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. Full Name (Last, First, Middle Initial)
Thomas W Stark, MD

Mailing Address 17191 St Lukes Way

City State Zip Code
The Woodlands TX 77384-8010

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

Name of Employer Sadler Clinic Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	0	8

Transaction ID: C409456

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Wendy B Stern, MD

Mailing Address 300A Faunce Corner Rd Ste 102

City State Zip Code
North Dartmouth MA 02747-1280

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	2	/	2	0	0	8

Transaction ID: C415176

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Lawrence E Stewart, MD

Mailing Address 405 Marion Ave

City State Zip Code
McComb MS 39648-2709

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	0	/	2	0	0	8

Transaction ID: C425131

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 38 / 55
	<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) Gerald D Suh, MD	Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 984 N Broadway Ste 400	Transaction ID: C431341
	City State Zip Code Yonkers NY 10701-1308	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Family ENT Physicians Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Randal Swenson, MD	Date of Receipt MM / DD / YYYY 04 / 07 / 2008
	Mailing Address 4000 S 700 E Ste 10	Transaction ID: C409447
	City State Zip Code Salt Lake City UT 84107-2580	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Scott W Thompson, MD	Date of Receipt MM / DD / YYYY 05 / 19 / 2008
	Mailing Address 2016 Sumter St	Transaction ID: C422365
	City State Zip Code Columbia SC 29201	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Employed Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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

FOR LINE NUMBER: PAGE 39 / 55
(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. Full Name (Last, First, Middle Initial)
Willard R Thompson, MD
Mailing Address 315 Mocksville Ave
City Salisbury State NC Zip Code 28144-3346
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 05 / 02 / 2008
Transaction ID: C418790
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Peter Weber, MD, MBA
Mailing Address Cleveland ClnC Fnd Oto And Comm Di Dept OF
City Cleveland State OH Zip Code 44195-0001
FEC ID number of contributing federal political committee. **C**
Name of Employer Otolaryngology & Communicative Disorde Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 22 / 2008
Transaction ID: C415178
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Michael D Weiss, MD
Mailing Address 23 Crossroads Dr Ste 400
City Owings Mills State MD Zip Code 21117-5475
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 05 / 02 / 2008
Transaction ID: C418582
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

FOR LINE NUMBER: PAGE 40 / 55

(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)

Steve West, MD

Mailing Address 10004 Kennerly Rd Ste 183B

City State Zip Code
Saint Louis MO 63128-2176

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 8

Transaction ID: C418776

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephen J Wetmore, MD

Mailing Address Otolaryngology Dept
PO Box 9200

City State Zip Code
Morgantown WV 26506-9200

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

Name of Employer Occupation
West Virginia University Physician
OTO Dept

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: C425128

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Michael Widick, MD

Mailing Address 333 B W Cocoa Beach Cswy

City State Zip Code
Cocoa Beach FL 32931-3513

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 8

Transaction ID: C414835

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

FOR LINE NUMBER: PAGE 41 / 55
(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. Full Name (Last, First, Middle Initial)
John Wyllie, MD
 Mailing Address 1330 Heatherdowns Dr
 City State Zip Code
 Defiance OH 43512-8543
 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 M M / D D / Y Y Y Y Y
 0 4 / 0 4 / 2 0 0 8
Transaction ID: C409371
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mario Yco, MD
 Mailing Address 477 N El Camino Real Ste A210
 City State Zip Code
 Encinitas CA 92024-1351
 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 / D D / Y Y Y Y Y
 0 5 / 0 2 / 2 0 0 8
Transaction ID: C418768
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Mathew Yetter, MD
 Mailing Address 2626 Club Park Rd
 City State Zip Code
 Winston Salem NC 27104-2012
 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 M M / D D / Y Y Y Y Y
 0 6 / 2 5 / 2 0 0 8
Transaction ID: C431348
 Amount of Each Receipt this Period 250.00

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: PAGE 42 / 55
(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. Full Name (Last, First, Middle Initial)
Oliver S Youssef, MD
Mailing Address 6 Pilgrim Ct
City Cedar Grove State NJ Zip Code 07009-1069
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 05 / 02 / 2008
Transaction ID: C418785
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Raymond L Yung, MD
Mailing Address 845 United Nations Plz Apt 18D
City New York State NY Zip Code 10017-3528
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 06 / 25 / 2008
Transaction ID: C431344
Amount of Each Receipt this Period 500.00

C. 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 Self Employed Occupation Physician
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 16 / 2008
Transaction ID: C414830
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00
TOTAL This Period (last page this line number only) ► 41445.00

**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)

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<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

A.	Full Name (Last, First, Middle Initial) EDonation	Transaction ID: D62196 Date of Disbursement
	Mailing Address 118 N Saint Asaph St	<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314-3110	Amount of Each Disbursement this Period
	Purpose of Disbursement Payment to EDonation	<input type="text" value="43.76"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Payment to EDonation	

B.	Full Name (Last, First, Middle Initial) EDonation	Transaction ID: D62729 Date of Disbursement
	Mailing Address 118 N Saint Asaph St	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314-3110	Amount of Each Disbursement this Period
	Purpose of Disbursement Payment to Edonation	<input type="text" value="69.80"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	Payment to Edonation	

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

A.	Full Name (Last, First, Middle Initial) Brett Guthrie	Transaction ID: D61375 Date of Disbursement 05 / 07 / 2008
	Mailing Address 608 Montgomery avenue	Amount of Each Disbursement this Period 1000.00
	City Elizabethtown State KY Zip Code 42701	
	Purpose of Disbursement COntribution to Federal Candidate	Category/ Type
	Candidate Name Brett Guthrie	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of John Barrasso	Transaction ID: D61337 Date of Disbursement 05 / 06 / 2008
	Mailing Address 406 Virginia Ave	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22302-2908	
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name John Barrasso	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HAWKEYE PAC, THE	Transaction ID: D61783 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 7255	Amount of Each Disbursement this Period 2500.00
	City Des Moines State IA Zip Code 50309	
	Purpose of Disbursement 2008 Contribution to Federal PAC	Category/ Type
	Candidate Name HAWKEYE PAC, THE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Cont to Fed PAC

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) ANNA ESHOO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Anna Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61331</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE</p> <p>Mailing Address 98 East Avenue Rear Building</p> <p>City Norwalk State CT Zip Code 06851</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Christopher Shays</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61326</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61324</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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)

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<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

<p>A. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61340 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. F. Allen Boyd, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61348 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITTEE</p> <p>Mailing Address P.O. Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Fortney H. Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61325 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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)

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<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

A.

Full Name (Last, First, Middle Initial)
GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Gene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 29

Transaction ID: D61341

Date of Disbursement

/

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
JEB for Congress

Mailing Address 645 S Main St

City Wolfeboro State NH Zip Code 03894-4419

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jeb Bradley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

Transaction ID: D61781

Date of Disbursement

/

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Rep. Jim Gerlach

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: D61335

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

<p>A. Full Name (Last, First, Middle Initial) JOHN SHADEGGS FRIENDS</p> <p>Mailing Address PO BOX 45444</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement Contribution for Federal Candidates</p> <p>Candidate Name Rep. John B. Shadegg</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61397</p> <p>Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JOHN LEWIS FOR CONGRESS</p> <p>Mailing Address 2015 Wallace Rd.</p> <p>City Atlanta State GA Zip Code 30331</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61334</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61344</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<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

A.	Full Name (Last, First, Middle Initial) CROWLEY FOR CONGRESS	Transaction ID: D61346
	Mailing Address 84-56 Grand Avenue	Date of Disbursement 05 / 06 / 2008
	City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Joseph Crowley	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE PITTS	Transaction ID: D61327
	Mailing Address PO BOX 775	Date of Disbursement 05 / 06 / 2008
	City Unionville State PA Zip Code 19375	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Joseph R. Pitts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPs	Transaction ID: D61345
	Mailing Address PO Box 23940	Date of Disbursement 05 / 06 / 2008
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

A.	Full Name (Last, First, Middle Initial) KIRK FOR CONGRESS	Transaction ID: D61343
	Mailing Address P.O. Box 8	Date of Disbursement 05 / 06 / 2008
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Mark S. Kirk	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS	Transaction ID: D61778
	Mailing Address PO Box 2334	Date of Disbursement 06 / 10 / 2008
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Michael C. Burgess	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROGERS FOR CONGRESS	Transaction ID: D61347
	Mailing Address Post Office Box 581	Date of Disbursement 05 / 06 / 2008
	City Brighton State MI Zip Code 48116	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Rep. Michael J. Rogers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)
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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

<p>A. Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS 2006</p> <p>Mailing Address Post Office Box 38585</p> <p>City Dallas State TX Zip Code 75238</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Pete Sessions</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61336 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE</p> <p>Mailing Address 76 MAGNOLIA TERRACE</p> <p>City SPRINGFIELD State MA Zip Code 01108</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61351 Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 3500.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Roy Blunt</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61779 Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

<p>A. Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Sue Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61339</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Tom Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61350</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH</p> <p>Mailing Address 228 S WASHINGTON STE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Gordon Smith</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D61328</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

A.	Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE	Transaction ID: D61329 Date of Disbursement 05 / 06 / 2008
	Mailing Address 10 G STREET NE	Amount of Each Disbursement this Period 2500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Sen. John F. Kerry	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ENZI FOR US SENATE	Transaction ID: D61776 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO BOX 2775	Amount of Each Disbursement this Period 2500.00
	City CODY State WY Zip Code 82414	
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Sen. Michael B. Enzi	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: D61330 Date of Disbursement 05 / 06 / 2008
	Mailing Address PO BOX 1496	Amount of Each Disbursement this Period 2500.00
	City LOUISVILLE State KY Zip Code 40201	
	Purpose of Disbursement Contribution to Federal Candidate	Category/ Type
	Candidate Name Sen. Mitch McConnell	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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

A.

Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City State Zip Code
Alexandria VA 22301

Purpose of Disbursement
2008 Contribution to Federal PAC

Candidate Name
Joe Barton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 06

2008 Cont to Fed PAC

Transaction ID: D61780

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
Udall for Colorado

Mailing Address 8690 Wolff Ct
Ste 200

City State Zip Code
Westminster CO 80031-3697

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Mark Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District:

Transaction ID: D61777

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

66500.00
