

**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 OF 21 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)
A. Dr Alice L Kuntz MD

Mailing Address 1135 116th Ave NE Ste 500

| | | |
|------------------|-------------|------------------------|
| City Bellevue | State WA | Zip Code 98004-4627 |
|------------------|-------------|------------------------|

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

| | |
|---|-------------------------|
| Name of Employer Bellevue ENT Clinic | Occupation Physician |
|---|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | / | 24 | / | 2013 |

Transaction ID : 5096755

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Dr Kent W. Cox MD

Mailing Address 5448 Highway 260 Ste 140

| | | |
|------------------|-------------|------------------------|
| City Lakeside | State AZ | Zip Code 85929-5750 |
|------------------|-------------|------------------------|

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

| | |
|------------------------------------|-------------------------|
| Name of Employer Kent Cox MD PC | 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 |
| 06 | / | 24 | / | 2013 |

Transaction ID : 5096760

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Dr Sabine V Hesse MD

Mailing Address 1317 SE 4th Ave

| | | |
|-------------------------|-------------|------------------------|
| City Fort Lauderdale | State FL | Zip Code 33316-1913 |
|-------------------------|-------------|------------------------|

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

| | |
|--|-------------------------|
| Name of Employer South Florida ENT Associates | 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 |
| 06 | / | 24 | / | 2013 |

Transaction ID : 5096763

Amount of Each Receipt this Period
365.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1730.00 |
| TOTAL This Period (last page this line number only).....▶ | |