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

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

FOR LINE NUMBER: PAGE 56 / 74
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

**A.**
Full Name (Last, First, Middle Initial)
Stanley Baker, MD
Mailing Address 3400 NW 56th St
City: Oklahoma City State: OK Zip Code: 73112-4404
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: 300.00
Date of Receipt: 11 24 2003
Transaction ID: 17408104
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial)
Dr Mark D Frey, MD
Mailing Address 1413 S Washington St Ste 240
City: Papillion State: NE Zip Code: 68046-4193
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: 11 24 2003
Transaction ID: 17408086
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial)
Dr Peter J Bernard, MD
Mailing Address 3 Tam O Shanter Dr
City: Purchase State: NY Zip Code: 10577-1305
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: 400.00
Date of Receipt: 11 24 2003
Transaction ID: 17407030
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 750.00

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