

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

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

FOR LINE NUMBER: PAGE 8 OF 25
(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. P Ashley Wackym MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1225 NE 2nd Ave Suite 305
 City State Zip Code
 Portland OR 97232-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Legacy Health Professor and Chairman
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : 5841232
 Amount of Each Receipt this Period
 365.00

B. Kevin L Ziffra MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 Spruce Rd
 City State Zip Code
 Northbrook IL 60062-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ear Nose & Throat Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : 5841235
 Amount of Each Receipt this Period
 250.00

C. John W. House MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 W 3rd St Ste 111
 City State Zip Code
 Los Angeles CA 90057-1999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 House Ear Clinic Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 07 / 2014
Transaction ID : 5841236
 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)..... ▶