

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.   
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End 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 (12S)  
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  /  /  through  /  /

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 Ms Brenda Hargett CPA

Signature of Treasurer Ms Brenda Hargett CPA [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		107629.08
(b) Cash on Hand at Beginning of Reporting Period.....	43460.02	
(c) Total Receipts (from Line 19) .....	24196.14	103842.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	67656.16	211471.41
7. Total Disbursements (from Line 31).....	6137.67	149952.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	61518.49	61518.49
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y 07 / 31 / 2014

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		
(i) Itemized (use Schedule A).....	14489.17	84470.83
(ii) Unitemized .....	9705.00	19342.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24194.17	103813.53
(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) .....	24194.17	103813.53
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.).....	1.97	28.80
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 Transfers (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))..... ▶	24196.14	103842.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24196.14	103842.33

**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) Allocated 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 .....	1137.67	6452.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1137.67	6452.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	143500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	6137.67	149952.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6137.67	149952.92

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	24194.17	103813.53
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24194.17	103813.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1137.67	6452.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1137.67	6452.92

**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 6 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. E Scott Elledge MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4345 Kennesaw Dr  
 City Mountain Brk State AL Zip Code 35213-3340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Drs Turner Elledge and Favrot PC Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 09 / 2014  
**Transaction ID : 6255439**  
 Amount of Each Receipt this Period 365.00

**B. Richard K Caldwell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 S 4th St Ste B  
 City Gadsden State AL Zip Code 35901-5296  
 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 07 / 16 / 2014  
**Transaction ID : 6273540**  
 Amount of Each Receipt this Period 250.00

**C. Thomas F Dowling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 S 4th St Ste B  
 City Gadsden State AL Zip Code 35901-5296  
 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 07 / 16 / 2014  
**Transaction ID : 6273707**  
 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: (check only one)	PAGE 7 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. J Gail Neely MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5344 Hamlin Ct  
 City Saint Louis State MO Zip Code 63128-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WU SOM Dept of OTO Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 16 / 2014**  
**Transaction ID : 6273710**  
 Amount of Each Receipt this Period **1000.00**

**B. Christopher G. Larsen MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3901 Rainbow Blvd Mailstop 3010  
 City Kansas City State KS Zip Code 66103-2937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Kansas Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 16 / 2014**  
**Transaction ID : 6273714**  
 Amount of Each Receipt this Period **250.00**

**c. Sheldon Palgon MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Rector Pl Apt 38F  
 City New York State NY Zip Code 10280-1175  
 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 **07 / 16 / 2014**  
**Transaction ID : 6273715**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1615.00</b>
<b>TOTAL</b> 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 8 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Philip W Perlman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Walnut Dr  
 City Roslyn State NY Zip Code 11576-2352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer East Hills Occupation Physician  
 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  
 07 / 17 / 2014  
**Transaction ID : 6274708**  
 Amount of Each Receipt this Period  
 365.00

**B. Debora W. Goebel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 366 Regency Parkway Drive  
 City Omaha State NE Zip Code 68114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENT Specialists PC Occupation Physician  
 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  
 07 / 23 / 2014  
**Transaction ID : 6288590**  
 Amount of Each Receipt this Period  
 365.00

**C. Dale A. Tylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of Otolaryngology  
 2557 Mowry Avenue, #30  
 City Fremont State CA Zip Code 94538-1614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Washington Township Medical Foundation Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 23 / 2014  
**Transaction ID : 6288591**  
 Amount of Each Receipt this Period  
 535.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1265.00
<b>TOTAL</b> 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 9 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. James A Stankiewicz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2160 S 1st Ave  
 Dept of Oto  
 City Maywood State IL Zip Code 60153-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loyola Univ Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : 6298559**  
 Amount of Each Receipt this Period  
 535.00

**B. Darrell A. Klotz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6035 Fairview Rd  
 City Charlotte State NC Zip Code 28210-3256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Charlotte Eye Ear Nose & Throat Occupation 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  
 07 / 30 / 2014  
**Transaction ID : 6298565**  
 Amount of Each Receipt this Period  
 250.00

**C. Timothy Roy Jones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address HealthAlliance MOB  
 50 Memorial Road, Suite 212  
 City Leominster State MA Zip Code 01453-2238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UMass Memorial Healthcare Occupation 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  
 07 / 05 / 2014  
**Transaction ID : 6309083**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1035.00
<b>TOTAL</b> 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 10 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

Full Name (Last, First, Middle Initial) <b>A. Basem M. Jassin MD</b>		Date of Receipt MM / DD / YYYY 07 / 07 / 2014 <b>Transaction ID : 6309084</b>
Mailing Address 818 W Ennis Ave		Amount of Each Receipt this Period 365.00
City Ennis	State TX	Zip Code 75119-3810
FEC ID number of contributing federal political committee. C		
Name of Employer Ear, Nose, Throat and Allergy Care	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen A Goldstein MD</b>		Date of Receipt MM / DD / YYYY 07 / 07 / 2014 <b>Transaction ID : 6309126</b>
Mailing Address 1501 N. Campbell Ave PO Box 245074		Amount of Each Receipt this Period 35.00
City Tucson	State AZ	Zip Code 85724-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Pennsylvania Hosp	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) <b>C. Samuel B. Welch MD PhD</b>		Date of Receipt MM / DD / YYYY 07 / 07 / 2014 <b>Transaction ID : 6309127</b>
Mailing Address Dept of Oto 4301 W Markham St Slot 543		Amount of Each Receipt this Period 45.00
City Little Rock	State AR	Zip Code 72205-7101
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of Arkansas for Med Sci	Occupation Associate Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	445.00
<b>TOTAL</b> 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 OF 24
	<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

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. Timothy M McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Highland Ave K4/719 Csc  
 City Madison State WI Zip Code 53792-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Wisconsin Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 07 / 07 / 2014  
**Transaction ID : 6309128**  
 Amount of Each Receipt this Period 30.42

**B. Lauren C. Anderson de Moreno MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Dept of OTO-HNS 800 Rose St, C236  
 City Lexington State KY Zip Code 40536-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Kentucky Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 07 / 2014  
**Transaction ID : 6309129**  
 Amount of Each Receipt this Period 35.00

**C. Lauren S Zaretsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 E Oakland Ave  
 City Port Jefferson State NY Zip Code 11777-2602  
 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 ▼ 245.00

Date of Receipt 07 / 07 / 2014  
**Transaction ID : 6309130**  
 Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.42  
**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 12 OF 24
	<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

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. Mariel Stroschein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Maricopa Medical Cntr - Dept of Su  
 2601 E Roosevelt St  
 City Phoenix State AZ Zip Code 85008-4973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer District Medical Group Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : 6309131**  
 Amount of Each Receipt this Period  
**75.00**

**B. Melynda A. Barnes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3181 SW Sam Jackson Park RD SJH-01  
 City Portland State OR Zip Code 97239-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OHSU Dept of Otolaryngology Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **245.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : 6309132**  
 Amount of Each Receipt this Period  
**35.00**

**C. Megan Marcinko**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 316 Pennsylvania Ave, SE  
 #501  
 City Washington State DC Zip Code 20003-1169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AAO-HNS Occupation Sr. Manager, Congressional & Political  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **212.94**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : 6309133**  
 Amount of Each Receipt this Period  
**30.42**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>140.42</b>
<b>TOTAL</b> 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 13 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Pamela B. Baines MD**

Mailing Address 5105 N Armenia Ave

City State Zip Code  
 Tampa FL 33603-1405

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

Name of Employer Occupation  
 Select Physicians Alliance, PL Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 07 / 07 / 2014  
**Transaction ID : 6309134**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Gavin Setzen MD**

Mailing Address 400 Patroon Creek Blvd Ste 205

City State Zip Code  
 Albany NY 12206-5012

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

Name of Employer Occupation  
 Albany ENT & Allergy Services PC Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 07 / 07 / 2014  
**Transaction ID : 6309135**

Amount of Each Receipt this Period  
 175.00

Full Name (Last, First, Middle Initial)  
**C. Lee D. Eisenberg MD, MPH**

Mailing Address 177 N Dean St Ste PHSOUTH

City State Zip Code  
 Englewood NJ 07631-2533

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

Name of Employer Occupation  
 ENT and Allergy Associates Physician

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 07 / 07 / 2014  
**Transaction ID : 6309138**

Amount of Each Receipt this Period  
 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 360.00

**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 14 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. David S. Boisoneau MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Boston Post Rd  
 City Waterford State CT Zip Code 06385-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ear Nose & Throat Associates of SECT Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2014  
**Transaction ID : 6309140**  
 Amount of Each Receipt this Period  
 83.33

**B. C. W. David Chang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address One Hospital Dr, MA314  
 City Columbia State MO Zip Code 65212-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Missouri-Columbia Occupation 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  
 07 / 07 / 2014  
**Transaction ID : 6309170**  
 Amount of Each Receipt this Period  
 250.00

**C. Jennifer Derebery MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 W 3rd St Ste 111  
 City Los Angeles State CA Zip Code 90057-1999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer House Ear Clinic Occupation Physician  
 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  
 07 / 08 / 2014  
**Transaction ID : 6309194**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.33
<b>TOTAL</b> 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 15 OF 24
	<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	

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**

Full Name (Last, First, Middle Initial)  
**A. Michael R. Holtel MD**

Mailing Address 10670 Wexford St

City San Diego State CA Zip Code 92131-3940

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

Name of Employer Sharp Rees-Stealy Occupation 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  
 07 / 08 / 2014

**Transaction ID : 6309195**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Theresa B. Kim MD**

Mailing Address 450 Sutter St Rm 933

City San Francisco State CA Zip Code 94108-3997

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

Name of Employer San Francisco Otolaryngology Medical G Occupation Physician

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  
 07 / 09 / 2014

**Transaction ID : 6309197**

Amount of Each Receipt this Period  
 365.00

Full Name (Last, First, Middle Initial)  
**C. Glen Y Yoshida MD**

Mailing Address 1200 S Columbia Rd  
Ent Dept

City Grand Forks State ND Zip Code 58201-4036

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

Name of Employer Altru Health System Occupation Physician

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  
 07 / 12 / 2014

**Transaction ID : 6309200**

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: (check only one)	PAGE 16 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Paul C. Frake MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3800 Park Nicollet Blvd  
 ENT - 5th Floor  
 City Saint Louis Park State MN Zip Code 55416-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Park Nicollet Health Services Occupation 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  
 07 / 14 / 2014  
**Transaction ID : 6309204**  
 Amount of Each Receipt this Period  
**250.00**

**B. Karen A. Rizzo MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Hempfield Center  
 930 Red Rose Court, Ste 301  
 City Lancaster State PA Zip Code 17601-1981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lancaster Ear, Nose, and Throat, LLC. Occupation Physician  
 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  
 07 / 14 / 2014  
**Transaction ID : 6309205**  
 Amount of Each Receipt this Period  
**365.00**

**C. Amber U. Luong MD PhD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6431 Fannin St  
 MSB 5.036  
 City Houston State TX Zip Code 77030-1501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Texas Medical School at Occupation Physician  
 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  
 07 / 15 / 2014  
**Transaction ID : 6309206**  
 Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>980.00</b>
<b>TOTAL</b> 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 17 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Adrianna M. Hekiert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Lance Rd  
 City Lebanon State NJ Zip Code 08833-5007  
 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 ▼ 365.00

Date of Receipt 07 / 16 / 2014  
**Transaction ID : 6309254**  
 Amount of Each Receipt this Period 365.00

**B. Nicholas Mastro MD**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 365.00

Date of Receipt 07 / 17 / 2014  
**Transaction ID : 6309259**  
 Amount of Each Receipt this Period 365.00

**C. Michael J. Cunningham MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address LO-367 300 Longwood Ave  
 City Boston State MA Zip Code 02115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Boston Hospital Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2014  
**Transaction ID : 6309263**  
 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: (check only one)	PAGE 18 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Pell Ann Wardrop MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3201 Tabago Ct  
 City Lexington State KY Zip Code 40509-9505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wardrop Med Services Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 07 / 22 / 2014  
**Transaction ID : 6309266**  
 Amount of Each Receipt this Period 535.00

**B. Mariano E Gonzalez-Diez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9945  
 City Arecibo State PR Zip Code 00613-9945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cotto Station Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 23 / 2014  
**Transaction ID : 6309325**  
 Amount of Each Receipt this Period 365.00

**C. Darius Kohan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 863 Park Ave Ofc 1E  
 City New York State NY Zip Code 10075-0380  
 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 07 / 23 / 2014  
**Transaction ID : 6309333**  
 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1265.00  
**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 19 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Grayson K Rodgers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 10th Ave S Ste 502  
 City Birmingham State AL Zip Code 35205-1250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Birmingham Hearing and Bal Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 23 / 2014**  
**Transaction ID : 6309334**  
 Amount of Each Receipt this Period **365.00**

**B. Dr Richard DeMaio MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 Phillipsburg Rd  
 City Goshen State NY Zip Code 10924-6912  
 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 **-65.00**

Date of Receipt **07 / 23 / 2014**  
**Transaction ID : 6309337**  
 Amount of Each Receipt this Period **535.00**

**C. Michael Harris Callahan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2406 Lighthouse Manor Drive  
 City Gainesville State GA Zip Code 30501-7401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NE Georgia Oto Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 25 / 2014**  
**Transaction ID : 6309361**  
 Amount of Each Receipt this Period **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1265.00</b>
<b>TOTAL</b> 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 20 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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**

Full Name (Last, First, Middle Initial)  
**A. Agnes Czibulka MD**

Mailing Address 31 Broadway

City North Haven State CT Zip Code 06473-2304

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

Name of Employer ENT Med and Surg Grp Occupation Physician

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  
 07 / 26 / 2014

**Transaction ID : 6309383**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**B. Michael S. Hauptert DO, MBA**

Mailing Address 5120 Dorestfield Ct

City Clarkston State MI Zip Code 48348-5038

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

Name of Employer Pediatric Otorhinolaryngology Occupation Physician

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  
 07 / 27 / 2014

**Transaction ID : 6309384**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**C. Steven B. Levine MD**

Mailing Address 160 Hawley Ln Ste 202

City Trumbull State CT Zip Code 06611-5379

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

Name of Employer ENT and Allergy Associates, LLC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014

**Transaction ID : 6309386**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>980.00</b>
<b>TOTAL</b> 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 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Stacey L. Ishman MD, MPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8130 Margaret Lane  
 City State Zip Code  
 Montgomery OH 45242-5308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cincinnati Childrens Hospital Medical Assistant Professor of Otolaryngology  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : 6309387**  
 Amount of Each Receipt this Period  
 250.00

**B. Michael R. Shohet MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Columbus 2nd Fl  
 City State Zip Code  
 New York NY 10024-1459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mount Sinai Sch of Med Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2014  
**Transaction ID : 6309410**  
 Amount of Each Receipt this Period  
 535.00

**C. John P Sweet MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41-45 Dietz St  
 City State Zip Code  
 Oneonta NY 13820-1855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ENT Associates of Oneonta Physician  
 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  
 07 / 30 / 2014  
**Transaction ID : 6309411**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<b>TOTAL</b> 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 OF 24  
(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)  
**Richard E. Ferraro MD**

Mailing Address 9 Brookwood Ave

City Carlisle State PA Zip Code 17015-9126

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

Name of Employer Carlisle Ear Nose & Throat 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 Y  
**07 / 30 / 2014**

**Transaction ID : 6309414**

Amount of Each Receipt this Period  
**365.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>14489.17</b>

**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 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

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**

Full Name (Last, First, Middle Initial)

**A. Edonation**

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement  
Payment to eDonation

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 6309416**

Amount of Each Disbursement this Period

Payment to eDonation

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

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**

Full Name (Last, First, Middle Initial)

**A. Friends Of Bob Johnson**

Mailing Address 115 Mcintosh Dr

City State Zip Code  
Isle Of Hope GA 31406

Purpose of Disbursement  
Contribution to Federal Candidate

Category/  
Type

Candidate Name

**Robert Johnson MD**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Runoff2014

State: GA District: 01

Date of Disbursement

/  /

**Transaction ID : 6201241**

Amount of Each Disbursement this Period

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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