

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 23  
(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nguyen, Chi, , MD**

Mailing Address PO Box 5689

City  
BrownsvilleState  
TXZip Code  
78523-5689FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	D D	Y Y Y Y
01	09	2020

**Transaction ID : 10414091**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Taylor, Duane, J., , MD**

Mailing Address 6410 Rockledge Dr Ste 650

City  
BethesdaState  
MDZip Code  
20817-7800FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Le Visage ENTOccupation (for Individual)  
Medical Director & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	D D	Y Y Y Y
01	09	2020

**Transaction ID : 10414092**

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Dowling, Thomas, F., , MD**

Mailing Address 417 S 4th St Ste B

City  
GadsdenState  
ALZip Code  
35901-5296FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gadsden RegionalOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	D D	Y Y Y Y
01	09	2020

**Transaction ID : 10414093**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

980.00

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