

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)

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☒ 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

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

A. Bennhoff, David, F., MD

Mailing Address 20834 Beaconsfield Blvd

City
Rocky River

State
OH

Zip Code
44116-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
St. John Medical Center

Occupation (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 Y
01 / 07 / 2020

Transaction ID : 10492593

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Gibbons, Mark, D., MD

Mailing Address 301 County Rd #33900

City
Powderly

State
TX

Zip Code
75473

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Paris Regional Medical Center

Occupation (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 Y
01 / 07 / 2020

Transaction ID : 10492594

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Bosworth, John, M., MD

Mailing Address 9910 Bald Cypress Dr

City
Rockville

State
MD

Zip Code
20850-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Siegel & Bosworth ENT Center

Occupation (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 Y
01 / 07 / 2020

Transaction ID : 10492595

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00