

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

ADDRESS (number and street) One Prince Street
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00306449
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 Quarterly 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 (12G)
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 01 01 2007 through 06 30 2007

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 David R. Nielsen, MD

Signature of Treasurer Electronically Filed by David R. Nielsen, MD Date 07 19 2007

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)

Page 2

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">105675.94</td></tr></table>	105675.94
Y	Y	Y	Y									
2	0	0	7									
105675.94												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">105675.94</td></tr></table>	105675.94										
105675.94												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">107544.48</td></tr></table>	107544.48	<table border="1" style="width: 100%;"><tr><td align="right">107544.48</td></tr></table>	107544.48								
107544.48												
107544.48												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">213220.42</td></tr></table>	213220.42	<table border="1" style="width: 100%;"><tr><td align="right">213220.42</td></tr></table>	213220.42								
213220.42												
213220.42												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">133090.92</td></tr></table>	133090.92	<table border="1" style="width: 100%;"><tr><td align="right">133090.92</td></tr></table>	133090.92								
133090.92												
133090.92												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">80129.50</td></tr></table>	80129.50	<table border="1" style="width: 100%;"><tr><td align="right">80129.50</td></tr></table>	80129.50								
80129.50												
80129.50												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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**

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	80941.00	80941.00
(i) Itemized (use Schedule A)	26335.00	26335.00
(ii) Unitemized	107276.00	107276.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	107276.00	107276.00
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.)	268.48	268.48
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 Transfer (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))	107544.48	107544.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	107544.48	107544.48

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) Shared 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.....	90.92	90.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	90.92	90.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	133000.00	133000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	133090.92	133090.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	133090.92	133090.92

DETAILED SUMMARY PAGE
of Disbursements

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)	107276.00	107276.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107276.00	107276.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	90.92	90.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90.92	90.92

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 103
	<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

Full Name (Last, First, Middle Initial) A. David Abraham, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 1720 Highway 59 S Dakota Clinic		Transaction ID: C272924	
City State Zip Code Thief River Falls MN 56701-4331	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dakota Clinic	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. Sudhir Agarwal, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 5757 W Thunderbird Rd Westside Ear, Nose & Throat, P.C.		Transaction ID: C298373	
City State Zip Code Glendale AZ 85306-4641	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Westside Ear Nose and Throat	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Keith Alexander, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address 1720 Nicholasville Rd Ste 501		Transaction ID: C278668	
City State Zip Code Lexington KY 40503-1487	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Vinod Anand, MD

Mailing Address 501 Marshall St
Ste 602

City Jackson State MS Zip Code 39202-1659

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
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: C315593

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
J Noble Anderson, MD

Mailing Address 2055 E South Blvd
Ste 908

City Montgomery State AL Zip Code 36116-2007

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

Name of Employer Kitchens, Chapman and Anderson Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2007

Transaction ID: C295863

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Jose Arsuaga, MD

Mailing Address Augusto Rodriguez St
1503 5th Fl

City San Juan State PR Zip Code 00909

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: C278554

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 103
	<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 (Last, First, Middle Initial) A. Linda Ayers		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address One Prince Street		Transaction ID: C278476	
City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer AAO-HNS	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. John Barrord, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1055 Summitt Dr		Transaction ID: C278639	
City State Zip Code Middletown OH 45042-3498	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. Robert Battista, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2007	
Mailing Address 950 N York Rd Ear Institute of Chicago, LLC		Transaction ID: C272927	
City State Zip Code Hinsdale IL 60521-8608	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Ear Institute of Chicago	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Robert Bechard, MD

Mailing Address 855 N Westhaven Dr

City State Zip Code
Oshkosh WI 54904-7668

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2007

Transaction ID: C260009

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Robert Bechard, MD

Mailing Address 855 N Westhaven Dr

City State Zip Code
Oshkosh WI 54904-7668

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: C278528

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Thomas Benda, MD

Mailing Address 310 N Grandview Ave
Dubuque ENT, Head and Neck Surgery

City State Zip Code
Dubuque IA 52001-6388

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

Name of Employer Dubuque ENT, Head and Neck Surgery Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: C273355

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial) Daniel Berner, MD Mailing Address 2320 Concord Rd City State Zip Code Lafayette IN 47909-2708 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007 Transaction ID: C278563 Amount of Each Receipt this Period 500.00
Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Sanjay Bhansali, MD Mailing Address 993 Johnson Ferry Rd NE Ear Consultants of Georgia City State Zip Code Atlanta GA 30342-4750 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2007 Transaction ID: C296418 Amount of Each Receipt this Period 250.00
Name of Employer Ear Consultants of GA Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Samir Bhatt, MD Mailing Address 3 Meeting House Rd Ste 24 City State Zip Code Chelmsford MA 01824-2739 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007 Transaction ID: C273319 Amount of Each Receipt this Period 400.00
Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	1150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Robert Bonham, MD

Mailing Address 10 Medical Pkwy
Professional Plz

City State Zip Code
Dallas TX 75234-7845

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

Name of Employer Self Employed Occupation
Self Employed 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
0 5 / 1 7 / 2 0 0 7

Transaction ID: C298271

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Brown, MD

Mailing Address 15 Dix St

City State Zip Code
Winchester MA 01890-1870

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: C296450

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
James Bryant, MD

Mailing Address 125 N 6th St
ENT Associates

City State Zip Code
Clarksburg WV 26301-2665

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

Name of Employer ENT Associates Occupation
ENT Associates 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
0 2 / 1 9 / 2 0 0 7

Transaction ID: C272829

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1015.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Warren Buchalter, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address 203 Hospital Dr Ste 200		Transaction ID: C273354
City Glen Burnie	State MD	Zip Code 21061-6905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Bumpous, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007
Mailing Address University of Louisville School of JGBCC Dept of OTO FL 3		Transaction ID: C278491
City Louisville	State KY	Zip Code 40202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer University of Louisville	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) C. Richard Caldwell, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007
Mailing Address 417 S 4th St Dowling & Caldwell MD PC		Transaction ID: C273359
City Gadsden	State AL	Zip Code 35901-5214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dowling & Caldwell MD PC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Jeffrey Campbell, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 730 Oakridge Blvd Campbell ENT		Transaction ID: C272899	
City Lumberton	State NC	Zip Code 28358-2324	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. C Ron Cannon, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address PO Box 5345		Transaction ID: C296431	
City Jackson	State MS	Zip Code 39296-5345	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. Gregory Carnevale, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 784 Pre Emption Rd Gregory G. Carnevale, MD, LLC and		Transaction ID: C298256	
City Geneva	State NY	Zip Code 14456-2018	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Gregory G. Carnevale, MD, LLC and Fing	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1095.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Joseph Carter, MD

Mailing Address MetroHlth Med Ctr Dept of OTO
MetroHealth Medical Center

City Cleveland State OH Zip Code 44109

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

Name of Employer Metro Health Medical Center Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278508

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Giulio Cavalli, MD

Mailing Address 59 Longview Ter

City Williamstown State MA Zip Code 01267-2913

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
MM / DD / YYYY
06 / 04 / 2007

Transaction ID: C299827

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Sujana Chandrasekhar, MD

Mailing Address 364 E 69th St

City New York State NY Zip Code 10021-5706

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

Name of Employer Mount Sinai School of Medicine Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278496

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Jay Chavda, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address 42 Du Pont Cir		Transaction ID: C278566	
City State Zip Code Sugar Land TX 77479-2522	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. Alan Christman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address Vanderbilt University Medical Cent Dept OF		Transaction ID: C278500	
City State Zip Code Nashville TN 37232-0001	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Vanderbilt University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) C. Jeffrey Christoff, DO		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 2819 Hayes Ave Ste 8		Transaction ID: C273316	
City State Zip Code Sandusky OH 44870-5391	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	3115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 103
	<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 (Last, First, Middle Initial) A. Dean Clerico, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 190 Welles St		Transaction ID: C296465	
City State Zip Code Kingston PA 18704-4968	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. Jason Cohen, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 45 Reade Pl		Transaction ID: C273358	
City State Zip Code Poughkeepsie NY 12601-3947	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. Richard Collie, DO		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 510 Cherry St Blue Ridge ENT		Transaction ID: C315599	
City State Zip Code Bluefield WV 24701-3300	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Blue Ridge ENT	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1730.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Carl Coppola, MD

Mailing Address 800 Towner Pl

City State Zip Code
Louisville KY 40223-2567

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: C273313

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Shaun Corbin, MD

Mailing Address 2082 Hampshire Pike

City State Zip Code
Columbia TN 38401-5648

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: C273317

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joehassin Cordero, MD

Mailing Address TX Tech Univ Health Sci Center
Dept of OTO-HNS

City State Zip Code
Lubbock TX 79415

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

Name of Employer TX Tech Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: C296433

Amount of Each Receipt this Period
365.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 103
(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. Full Name (Last, First, Middle Initial)
Susan Cordes, MD

Mailing Address 702 Barnhill Dr
Ste 860

City Indianapolis State IN Zip Code 46202-5128

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
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: C278486

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Michael Crawford, MD

Mailing Address 201 Ridge St
Alegent Health ENT

City Council Bluffs State IA Zip Code 51503-4643

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

Name of Employer Alegent Health ENT Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 04 / 2007

Transaction ID: C299834

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Calhoun Cunningham, MD

Mailing Address 915 Medical Cir

City Myrtle Beach State SC Zip Code 29572-4116

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: C278667

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 103
	<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 (Last, First, Middle Initial) A. Michael Cunningham, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 243 Charles St MA Eye & Ear Infirmary		Transaction ID: C272926	
City Boston State MA Zip Code 02114-3002	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mass Eye and Ear Infirmary	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. Brian Cusick, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 2915 Clifton Ave		Transaction ID: C296427	
City Cincinnati State OH Zip Code 45220-2402	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Greg Dash, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 1111 Montauk Hwy		Transaction ID: C278488	
City West Islip State NY Zip Code 11795-4910	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Antonio De la Cruz, MD

Mailing Address 2100 W 3rd St
House Ear Clinic Inc

City Los Angeles State CA Zip Code 90057-1922

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

Name of Employer House Ear Clinic Inc Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2007

Transaction ID: C272839

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Francis Deane, MD

Mailing Address 600 Mount Pleasant Ave

City Dover State NJ Zip Code 07801-1629

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: C273353

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James Denny, MD

Mailing Address 101 E Blount Ave
Ste 500

City Knoxville State TN Zip Code 37920-1660

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
MM / DD / YYYY
06 / 04 / 2007

Transaction ID: C299822

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
M. Jennifer Derebery, MD

Mailing Address 2100 W 3rd St
House Ear Clinic

City Los Angeles State CA Zip Code 90057-1922

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2007

Transaction ID: C272840

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William Dichtel, MD

Mailing Address 102 Highland Ave SE
Ste 104

City Roanoke State VA Zip Code 24013-2255

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
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: C298396

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Linda Dindzans, MD

Mailing Address 8532 W Capitol Dr
ENT Specialists of Milwaukee SC

City Milwaukee State WI Zip Code 53222-1827

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

Name of Employer Milwaukee ENT Clinic Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: C272928

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 103
(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. Full Name (Last, First, Middle Initial)
John Donovan, MD

Mailing Address 3099 River Rd S
Willamette ENT

City Salem State OR Zip Code 97302-9754

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
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: C315592

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
William Drake, MD

Mailing Address 189 Elm St

City Westfield State NJ Zip Code 07090-3145

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
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: C296434

Amount of Each Receipt this Period
365.00

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

Mailing Address 177 N Dean St
ENT and Allergy Associates

City Englewood State NJ Zip Code 07631-2533

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
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: C278505

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 103
	<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

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

Full Name (Last, First, Middle Initial) A. LaFlair Erin		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 316 Pennsylvania Ave, SE Suite 501		Transaction ID: C278481	
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer AAO-HNS	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Joel Ernster, MD		Date of Receipt M M / D D / Y Y Y Y Y 05 / 21 / 2007	
Mailing Address 3030 N Circle Dr Ste 300		Transaction ID: C298383	
City Colorado Springs	State CO	Zip Code 80909-1180	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. Patrick Farrell, MD		Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2007	
Mailing Address 366 Regency Pkwy ENT Specialists		Transaction ID: C315613	
City Omaha	State NE	Zip Code 68114-3718	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer ENT Specialists	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial) Robert Ferris, MD PhD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 203 Lothrop St Dept of OTO UP Sch of Med		Transaction ID: C299832	
City Pittsburgh	State PA	Zip Code 15213-2548	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pittsburgh	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Robert Finch, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 7	
Mailing Address 1025 S 7th St		Transaction ID: C299835	
City Springfield	State IL	Zip Code 62703-2416	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Stephen Froman, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 214 Parliament Dr		Transaction ID: C278489	
City Moon Township	State PA	Zip Code 15108-3247	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	1230.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Michael Fucci, MD

Mailing Address 2550 E Guadalupe Rd
Arizona Hearing and Balance Ctr

City Gilbert State AZ Zip Code 85234-5114

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

Name of Employer Arizona Hearing and Balance Ctr Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: C273318

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Terry Garfinkle, MD

Mailing Address 55 Highland Ave
North Shore ENT Associates

City Salem State MA Zip Code 01970-2100

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

Name of Employer North Shore ENT Associates Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278517

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Paul Gaudet, MD

Mailing Address 1105 Audubon Ave
Ste B

City Thibodaux State LA Zip Code 70301-4940

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: C278669

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 103
	<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 (Last, First, Middle Initial) A. David Gitler, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 1578 Williamsbridge Rd # C		Transaction ID: C272921	
City State Zip Code Bronx NY 10461-6265	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. Michael Glenn, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address PO Box 900 1100 9th Ave # L-10		Transaction ID: C296411	
City State Zip Code Seattle WA 98111-0900	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Mason Medical Ce- nter	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Cameron Godfrey, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address PO Box 97521		Transaction ID: C272837	
City State Zip Code Wichita Falls TX 76307-7521	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 27 / 103
(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. Full Name (Last, First, Middle Initial)
Frederick Godley, MD

Mailing Address 28 Lands End Dr

City State Zip Code
North Kingstown RI 02852-4034

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: C315569

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Jacquelyn Going, MD

Mailing Address PO Box 6825
Columbia Ear, Nose & Throat Assoc

City State Zip Code
Columbia SC 29260-6825

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

Name of Employer Carolina Ear Nose and Throat Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	7

Transaction ID: C296449

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Scott Gold, MD

Mailing Address 50 E 89th St

City State Zip Code
New York NY 10128-1225

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

Name of Employer NYU Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 465.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	7

Transaction ID: C260011

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ►

965.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 103
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Scott Gold, MD

Mailing Address 50 E 89th St

City State Zip Code
New York NY 10128-1225

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

Name of Employer NYU Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: C272923

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Mariano Gonzalez-Diez, MD

Mailing Address PO Box 9945
Cotto Station

City State Zip Code
Arecibo PR 00613-9945

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
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: C278520

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Satish Govindaraj, MD

Mailing Address 303 E 43rd St
Apt 9A

City State Zip Code
New York NY 10017-4834

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: C278666

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 103
(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. Full Name (Last, First, Middle Initial)
Robert Green, MD

Mailing Address 12 E 87th St

City State Zip Code
New York NY 10128-0524

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: C272919

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Jayson Greenberg, MD

Mailing Address 1111 Teneyck St Ste 100

City State Zip Code
Jackson MI 49201-2493

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: C273315

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Nancy Griner, MD

Mailing Address 1700 Tree Ln Ste 320

City State Zip Code
Snellville GA 30078-6747

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: C296414

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Sanjay Gupta, MD

Mailing Address 221 N 53rd Ave

City State Zip Code
Greeley CO 80634-4261

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2007

Transaction ID: C315595

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Paul Hammerschlag, MD

Mailing Address 650 1st Ave
Fl 6

City State Zip Code
New York NY 10016-3240

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2007

Transaction ID: C295864

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Steven Handler, MD

Mailing Address Childrens Hosp Wood Bldg Ped OTO
34th Civic Ctr Blvd 1st Fl

City State Zip Code
Philadelphia PA 19104

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

Name of Employer Childrens Hospital of Philadelphia Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 21 / 2007

Transaction ID: C278558

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	1165.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 103
(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

A. Full Name (Last, First, Middle Initial)
Tom Harlow

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer American Academy of Otolaryngology
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2007

Transaction ID: C260907

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Tom Harlow

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer American Academy of Otolaryngology
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
01 / 26 / 2007

Transaction ID: C272794

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Tom Harlow

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer American Academy of Otolaryngology
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2007

Transaction ID: C272795

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. Tom Harlow		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 7	
Mailing Address 1 Prince St		Transaction ID: C272796	
City Alexandria	State VA	Amount of Each Receipt this Period 40.00	
Zip Code 22314-3354		Transaction ID: C272796	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00	
Name of Employer American Academy of Otolaryngology	Occupation Manager	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. Tom Harlow		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 9 / 2 0 0 7	
Mailing Address 1 Prince St		Transaction ID: C278703	
City Alexandria	State VA	Amount of Each Receipt this Period 40.00	
Zip Code 22314-3354		Transaction ID: C278703	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00	
Name of Employer American Academy of Otolaryngology	Occupation Manager	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Tom Harlow		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 3 / 2 0 0 7	
Mailing Address 1 Prince St		Transaction ID: C278704	
City Alexandria	State VA	Amount of Each Receipt this Period 40.00	
Zip Code 22314-3354		Transaction ID: C278704	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00	
Name of Employer American Academy of Otolaryngology	Occupation Manager	Aggregate Year-to-Date ▼ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	120.00

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

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

FOR LINE NUMBER: PAGE 33 / 103
(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. Full Name (Last, First, Middle Initial)
Tom Harlow

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer American Academy of Otolaryngology
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	0	7

Transaction ID: C296410

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Tom Harlow

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer American Academy of Otolaryngology
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	7

Transaction ID: C296409

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Tom Harlow

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer American Academy of Otolaryngology
Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	7

Transaction ID: C296403

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Arlis Hibbard, MD

Mailing Address 1018 N Mound St
ENT Clinic

City State Zip Code
Nacogdoches TX 75961-4434

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

Name of Employer Occupation
ENT Clinic Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: C296419

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Steven Horwitz, MD

Mailing Address 6531 N Knox Ave

City State Zip Code
Lincolnwood IL 60712-3422

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 7

Transaction ID: C273321

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John Houck, MD

Mailing Address Univ Of Ok Oto
PO Box 26901

City State Zip Code
Oklahoma City OK 73190-0001

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

Name of Employer Occupation
University of Oklahoma Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: C278494

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 103
	<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 (Last, First, Middle Initial) A. John House, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007	
Mailing Address 2100 W 3rd St House Ear Clinic		Transaction ID: C315629	
City State Zip Code Los Angeles CA 90057-1922	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer House Ear Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mark Howell, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 215 E Watauga Ave		Transaction ID: C278603	
City State Zip Code Johnson City TN 37601-4671	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Joe Huerta, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 19 / 2007	
Mailing Address 6565 E Carondelet Dr Ste 300		Transaction ID: C272828	
City State Zip Code Tucson AZ 85710-2158	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 103
	<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 (Last, First, Middle Initial) A. Michael Hurst, MD DDS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address PO Box 9200 Dept of OTO-WVU Hosp HSS		Transaction ID: C278484	
City Morgantown State WV Zip Code 26506-9200	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of West Virginia Occupation Physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Paul Imber, DO		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 2700 Silverside Rd Ste 3A		Transaction ID: C278495	
City Wilmington State DE Zip Code 19810-3724	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stacey Ishman, MD		Date of Receipt M M / D D / Y Y Y Y Y 02 / 20 / 2007	
Mailing Address 434 Kenneth Sq		Transaction ID: C272918	
City Baltimore State MD Zip Code 21212-3011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Johns Hopkins Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 37 / 103
(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. Full Name (Last, First, Middle Initial)
Stacey Ishman, MD

Mailing Address 434 Kenneth Sq

City State Zip Code
Baltimore MD 21212-3011

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

Name of Employer Johns Hopkins Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: C278477

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Zaven Jabourian, MD

Mailing Address PO Box 656

City State Zip Code
Doran VA 24612-0656

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298397

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Ofar Jacobowitz, MD PhD

Mailing Address 674 E Main St

City State Zip Code
Middletown NY 10940-2644

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: C296428

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 103
	<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 (Last, First, Middle Initial) A. Barry Jacobs, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 2 Medical Center Dr Ste 110		Transaction ID: C273322	
City Springfield	State MA	Zip Code 01107-1271	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tufts University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Basem Jassin, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2007	
Mailing Address 800 W Lampasas St Ennis Ear, Nose & Throat		Transaction ID: C272889	
City Ennis	State TX	Zip Code 75119-4536	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ennis Ear, Nose & Throat	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) C. Kenneth Kaplan, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2007	
Mailing Address 561 Cranbury Rd		Transaction ID: C299826	
City East Brunswick	State NJ	Zip Code 08816-5400	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Jan Kasperbauer, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address Mayo Clinic Oto 200 1st St SW		Transaction ID: C272835	
City Rochester	State MN	Amount of Each Receipt this Period 375.00	
Zip Code 55905-0001			
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) B. Jan Kasperbauer, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address Mayo Clinic Oto 200 1st St SW		Transaction ID: C296464	
City Rochester	State MN	Amount of Each Receipt this Period 345.00	
Zip Code 55905-0001			
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) C. Matthew Kates, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7	
Mailing Address 26 Burling Ln		Transaction ID: C298395	
City New Rochelle	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 10801-5604			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	970.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 103
	<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 (Last, First, Middle Initial) A. Mark Kelly, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 85 Spring St		Transaction ID: C278483	
City Laconia	State NH	Amount of Each Receipt this Period 250.00	
Zip Code 03246-3113		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Kennedy, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address Univ of Pennsylvania Medical Cente Dept of OTO		Transaction ID: C315611	
City Philadelphia	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 19104		FEC ID number of contributing federal political committee. C	
Name of Employer University of Pennsylvania Medical Ctr	Occupation Physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Steve Kirkikis, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 310 Orleans Dr		Transaction ID: C299858	
City Shreveport	State LA	Amount of Each Receipt this Period 250.00	
Zip Code 71106-6224		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Andrea Kittrell, MD

Mailing Address 1330 Oak Ln
Ste 201

City Lynchburg State VA Zip Code 24503-2513

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

Name of Employer Central VA ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 9 / 2 0 0 7

Transaction ID: C272838

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Andrea Kittrell, MD

Mailing Address 1330 Oak Ln
Ste 201

City Lynchburg State VA Zip Code 24503-2513

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

Name of Employer Central VA ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 7

Transaction ID: C296467

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Steven Kmucha, MD, MS

Mailing Address 1800 Sullivan Ave
Rm 604

City Daly City State CA Zip Code 94015-2226

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
 M M / D D / Y Y Y Y Y
 0 3 / 0 8 / 2 0 0 7

Transaction ID: C278464

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 103
	<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 (Last, First, Middle Initial) A. Stephen Kramer, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address PO Box 37000 Billings Clinic		Transaction ID: C315612	
City State Zip Code Billings MT 59107-7000	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. Helen Krause, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1301 Aviara PI		Transaction ID: C278473	
City State Zip Code Gibsonia PA 15044-8042	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Pittsburgh	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Alice Kuntz, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2007	
Mailing Address 1135 116th Ave NE Bellevue ENT Clinic		Transaction ID: C272890	
City State Zip Code Bellevue WA 98004-4627	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Bellevue ENT Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Ronald Koppersmith, MD MBA

Mailing Address 1602 Rock Prairie Rd
Texas ENT & Allergy Associates

City State Zip Code
College Station TX 77845-8308

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

Name of Employer Occupation
Central Texas ENT Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: C296412

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Denis LaFreniere, MD

Mailing Address 360 Westmont St

City State Zip Code
West Hartford CT 06117-2938

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

Name of Employer Occupation
UCHC Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: C278485

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Laura Larsen, MD

Mailing Address 2315 57th St

City State Zip Code
Sioux Falls SD 57108

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: C315594

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 103
	<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"/>	<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 (Last, First, Middle Initial) A. Arthur Lauretano, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 3 Meeting House Rd MA ENT Assoc		Transaction ID: C278561	
City Chelmsford State MA Zip Code 01824-2739		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Massachusetts ENT Associates Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Pierre Lavertu, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address University Hospitals of Cleveland Dept of OTO HNS		Transaction ID: C278559	
City Cleveland State OH Zip Code 44106		Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University Hospitals of Cleveland Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Dennis Lee, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 15 Stoney Ct		Transaction ID: C273360	
City Bloomington State IL Zip Code 61704-2743		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	1650.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 45 / 103
(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. Full Name (Last, First, Middle Initial)
Derek Lee, MD

Mailing Address 201 S Livingston Ave
Ste 2G

City State Zip Code
Livingston NJ 07039-4040

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
MM / DD / YYYY
02 / 19 / 2007

Transaction ID: C272830

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Donald Leopold, MD

Mailing Address U Of Med Center Oto-Hns NE
981225 Nebraska Med Ctr

City State Zip Code
Omaha NE 68198-0001

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

Name of Employer University of Nebraska Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: C315631

Amount of Each Receipt this Period
365.00

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

Mailing Address 160 Hawley Ln
Ste 202

City State Zip Code
Trumbull CT 06611-5379

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 ▼ 356.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: C296463

Amount of Each Receipt this Period
356.00

SUBTOTAL of Receipts This Page (optional) ► **1086.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Douglas Liepert, MD

Mailing Address 1201 Millstone Ct

City State Zip Code
Saint Cloud MN 56303-9568

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

Name of Employer Self Employed Occupation
Self Employed 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
03 / 08 / 2007

Transaction ID: C278487

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Fred Lindsay, DO

Mailing Address 4033 3rd Avenue

City State Zip Code
San Diego CA 92103

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: C273357

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Donn Livingstone, MD

Mailing Address 611 N F St

City State Zip Code
Aberdeen WA 98520-2667

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

Name of Employer ENT Associates, SW 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
02 / 19 / 2007

Transaction ID: C272833

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1030.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 47 / 103

(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

A. Full Name (Last, First, Middle Initial)
Ray Lousteau, MD

Mailing Address 120 N Jefferson Davis Pkwy

City State Zip Code
New Orleans LA 70119-5308

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: C315591

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Robert MacDonald, MD

Mailing Address 4790 Executive Centre Pkwy
MidWest ENT

City State Zip Code
Saint Peters MO 63376-1606

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

Name of Employer MidWest ENT Occupation
MidWest ENT Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 7

Transaction ID: C260008

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Brian Maloney, MD

Mailing Address 6111 Peachtree Dunwoody Rd NE
Bldg E Ste 201

City State Zip Code
Atlanta GA 30328-6049

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: C315615

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Paul A Markowski

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer Occupation
AAO-HNS Deputy EVP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: C278478

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael Martin, MD

Mailing Address 126 Quincy Rd

City State Zip Code
Cheyenne WY 82009-4126

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 04 / 2007

Transaction ID: C296425

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
David Martini, MD

Mailing Address 111 W High St
Chesapeake ENT/Facial Plastic Surg

City State Zip Code
Elkton MD 21921-8617

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

Name of Employer Occupation
Chesapeake ENT Facial Plastic Surgery Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2007

Transaction ID: C315570

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Nicholas Mastro, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 2315 Sunset Blvd		Transaction ID: C273314	
City State Zip Code Steubenville OH 43952-2496	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Mary McBrien, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 6900 Orchard Lake Rd Ste 314		Transaction ID: C315614	
City State Zip Code West Bloomfield MI 48322-3457	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. W Scott McCary, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 27 Ledge View Dr		Transaction ID: C278625	
City State Zip Code Huntsville AL 35802-1275	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 103
	<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

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

A. Full Name (Last, First, Middle Initial)
Becky McGraw-Wall, MD

Mailing Address 7501 Fannin St
Ste 710

City State Zip Code
Houston TX 77054-1956

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

Name of Employer Occupation
Self Employed Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2007

Transaction ID: C298255

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William McMillan, MD

Mailing Address 1005 Pennsylvania Ave
ENT Surgical Associates PC

City State Zip Code
Ottumwa IA 52501-6408

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

Name of Employer Occupation
ENT Surgical Associates PC Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: C278493

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
J. Scott McMurray, MD

Mailing Address Univ Of Wi Csc Oto
600 Highland Ave # K4/710

City State Zip Code
Madison WI 53792-0001

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

Name of Employer Occupation
University of Wisconsin Physician

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2007

Transaction ID: C315605

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Scott McNamara, MD

Mailing Address 2141 K St NW
Univ Med Bldg

City Washington State DC Zip Code 20037-1810

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: C278472

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Frank Melvin, MD

Mailing Address 1065 Hendersonville Rd

City Asheville State NC Zip Code 28803-1801

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 19 / 2007

Transaction ID: C278671

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Merwin, MD

Mailing Address 11201 W Point Dr
OTO-HNS Assoc

City Knoxville State TN Zip Code 37934-2834

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

Name of Employer Otolaryngology and Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 01 / 2007

Transaction ID: C273324

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 103
	(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"/> 15
<input type="checkbox"/> 12	<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 (Last, First, Middle Initial) A. Raffi-Jean Mesrobian, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 2701 W Alameda Ave Ste 303		Transaction ID: C298270	
City State Zip Code Burbank CA 91505-4408	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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. Presley Mock, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 8440 Walnut Hill Ln Ste 500		Transaction ID: C296446	
City State Zip Code Dallas TX 75231-3817	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. Taewon Moon, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 464 Hudson Ter Ste 102		Transaction ID: C298259	
City State Zip Code Englewood Cliffs NJ 07632-2917	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1095.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 103
	<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

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

A. Full Name (Last, First, Middle Initial)
J Moorhead, MD

Mailing Address 848 W Friar Tuck Ln

City State Zip Code
Houston TX 77024-3606

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 21 / 2007

Transaction ID: C298384

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Alice Morgan, MD PhD

Mailing Address 1948 Al Highway 157 Ste 410

City State Zip Code
Cullman AL 35058-0642

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 08 / 2007

Transaction ID: C278516

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Nathan Nachlas, MD

Mailing Address 9980 Central Park Blvd N Ste 124

City State Zip Code
Boca Raton FL 33428-1703

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

Name of Employer Self Employed Occupation
Self Employed 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
03 / 19 / 2007

Transaction ID: C278591

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial) Laxmeesh Nayak, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address FDT - 6 3635 Vista at Grand		Transaction ID: C278556	
City State Zip Code Saint Louis MO 63110		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Paul Neis, MD		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2007	
Mailing Address 3381 County Road 25		Transaction ID: C272892	
City State Zip Code Mountain Home AR 72653-9155		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) David Nielsen, MD FACS		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2007	
Mailing Address 1 Prince St AAO-HNS/F		Transaction ID: C278640	
City State Zip Code Alexandria VA 22314-3354		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AAO_HNS Occupation Executive Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 55 / 103
(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. Full Name (Last, First, Middle Initial)
Laurence O'Halloran, MD

Mailing Address 4703 16th St N

City State Zip Code
Arlington VA 22205-2622

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 7

Transaction ID: C299833

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Frederic Ogren, MD

Mailing Address 17030 Lakeside Hills Plz
ENT Physicians

City State Zip Code
Omaha NE 68130-2396

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

Name of Employer ENT Physicians Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 7

Transaction ID: C315571

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert Olson

Mailing Address 1 Prince St

City State Zip Code
Alexandria VA 22314-3354

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

Name of Employer AAO-HNS Occupation Employee

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 3 / 0 8 / 2 0 0 7

Transaction ID: C278482

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 56 / 103
(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. Full Name (Last, First, Middle Initial)
Daniel Ortiz, DO

Mailing Address 406 Taylor St
Scottsboro Ear, Nose, and Throat,

City State Zip Code
Scottsboro AL 35768-2406

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

Name of Employer Self Employed Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 7

Transaction ID: C296416

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
J David Osguthorpe, MD

Mailing Address 135 Rutledge St
Med Univ of SC Dept of Otolaryngol

City State Zip Code
Charleston SC 29425-8903

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

Name of Employer Medical University of South Carolina Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 7

Transaction ID: C298258

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Simon Parisier, MD

Mailing Address New York Medical College
New York Eye Ear Infirmary

City State Zip Code
New York NY 10003

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

Name of Employer New York Medical College Occupation Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 7

Transaction ID: C298386

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2365.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Benjamin Pease, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 4201 Anderson Ave Northeast Kansas Facial Plastic an		Transaction ID: C273320
City State Zip Code Manhattan KS 66503-7603	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer NE Kansas Facial Plastic and ENT	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Anna Petropoulos Weissled, MD FRCS		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2007
Mailing Address 80 Lindall St		Transaction ID: C298385
City State Zip Code Danvers MA 01923-2135	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Joseph Petrusek, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2007
Mailing Address 710 Sunset Dr		Transaction ID: C315626
City State Zip Code La Grande OR 97850-1200	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 103
	(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"/> 15
<input type="checkbox"/> 12	<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

A. Full Name (Last, First, Middle Initial) Christopher Poje, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address Pediatric ENT Associates Dept. Pedtr. Otolaryngol.		Transaction ID: C272922	
City Buffalo	State NY	Amount of Each Receipt this Period 365.00	
Zip Code 14222		FEC ID number of contributing federal political committee. C	
Name of Employer Childrens Hospital of Buffalo		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) William Potsic, MD		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address 3400 Civic Center Blvd CHP Div of OTO		Transaction ID: C315596	
City Philadelphia	State PA	Amount of Each Receipt this Period 1000.00	
Zip Code 19104-4306		FEC ID number of contributing federal political committee. C	
Name of Employer Children's Hospital of Philadelphia		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Robert Prehn, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 855 N Westhaven Dr		Transaction ID: C296455	
City Oshkosh	State WI	Amount of Each Receipt this Period 250.00	
Zip Code 54904-7668		FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 103
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Full Name (Last, First, Middle Initial)
Robert Puchalski, MD

Mailing Address 1165 Highway 1 S
Ste 300

City Lugoff State SC Zip Code 29078-8966

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2007

Transaction ID: C273326

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
David Quenelle, MD

Mailing Address 2451 Summerfield Rd
Santa Rosa Head & Neck Surgery

City Santa Rosa State CA Zip Code 95405-7815

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

Name of Employer Santa Rosa Head and Neck 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
02 / 19 / 2007

Transaction ID: C272831

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Randolph Richards, MD

Mailing Address 1750 Memorial Dr
Clarksville ENT

City Clarksville State TN Zip Code 37043-4561

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

Name of Employer Clarksville ENT Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2007

Transaction ID: C298269

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Neal Rogers, MD

Mailing Address 202 S Montana St

City State Zip Code
Butte MT 59701-1646

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2007

Transaction ID: C315619

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard Rosenfeld, MD MPH

Mailing Address Long Island College
Department of Otolaryngology

City State Zip Code
Brooklyn NY 11201

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

Name of Employer Long Island College Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278510

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David Rosi, DO

Mailing Address 1630 Lafayette Rd
Athens ENT LLC

City State Zip Code
Crawfordsville IN 47933-4600

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

Name of Employer Athens ENT LLC Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2007

Transaction ID: C315563

Amount of Each Receipt this Period
365.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial) Mark Rubinstein, MD		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 8316 Arlington Blvd Ste 300		Transaction ID: C260001	
City State Zip Code Fairfax VA 22031-5216		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Todd Rumans, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7	
Mailing Address 501 Virginia Dr Ste A		Transaction ID: C272891	
City State Zip Code Batesville AR 72501-7317		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Robert Sataloff, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7	
Mailing Address 1721 Pine St		Transaction ID: C298963	
City State Zip Code Philadelphia PA 19103-6701		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	715.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 103
	(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"/> 15
<input type="checkbox"/> 12	<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

A. Full Name (Last, First, Middle Initial)
Robert Sataloff, MD

Mailing Address 1721 Pine St

City Philadelphia State PA Zip Code 19103-6701

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 ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	7

Transaction ID: C315574

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
Michael Scherl, MD

Mailing Address 219 Old Hook Rd

City Westwood State NJ Zip Code 07675-3131

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 ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	7

Transaction ID: C298376

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Jerry Schreiberstein, MD

Mailing Address 2 Medical Center Dr
ENT Associates of Springfield

City Springfield State MA Zip Code 01107-1271

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

Name of Employer ENT Associates of Springfield Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID: C278504

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 103
	<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 (Last, First, Middle Initial) A. Barbara Schultz, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007	
Mailing Address Ut-Smc Oto 5323 Harry Hines Blvd		Transaction ID: C278526	
City Dallas State TX Zip Code 75390-0001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Texas Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Michael Seidman, MD		Date of Receipt M M / D D / Y Y Y Y Y 02 / 19 / 2007	
Mailing Address 6777 W Maple Rd Henry Ford Med Ctr Dept of OTO		Transaction ID: C272834	
City West Bloomfield State MI Zip Code 48322-3013	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Henry Ford Medical Center Occupation Physician	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Gavin Setzen, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 01 / 2007	
Mailing Address 1375 Washington Ave Albany ENT & Allergy Services PC		Transaction ID: C273323	
City Albany State NY Zip Code 12206-1056	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Albany ENT and Allergy Services Occupation Physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1365.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Michael Setzen, MD,FACS		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 333 E Shore Rd North Shore Otolaryngology		Transaction ID: C278512	
City Manhasset	State NY	Zip Code 11030-2900	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore Otolaryngology	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Rahul Shah, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007	
Mailing Address 12001 Great Elm Drive		Transaction ID: C296413	
City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. Samir Shah, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2007	
Mailing Address 1307 White Horse Rd Bldg A		Transaction ID: C273356	
City Voorhees	State NJ	Zip Code 08043-2176	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Udayan Shah, MD

Mailing Address Ped OTO Chdrns Hosp Wood Bldg
34th & Civic Ctr Blvd 1st Fl

City Philadelphia State PA Zip Code 19104

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

Name of Employer Childrens Hospital Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: C298393

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Paul Shea, MD

Mailing Address 6133 Poplar Pike
Shea Ear Clinic

City Memphis State TN Zip Code 38119-4707

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

Name of Employer Shea Ear Clinic Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 21 / 2007

Transaction ID: C298398

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Stanley Sheft, MD

Mailing Address 6 Sand Hill Rd
Hunterdon Otolaryngology Associate

City Flemington State NJ Zip Code 08822-4946

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

Name of Employer Hunterdon Otolaryngology Associates Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2007

Transaction ID: C296435

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 103
	<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 (Last, First, Middle Initial) A. William Sheppard, MD		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 7	
Mailing Address 17 Stonewold Way		Transaction ID: C272805	
City Wilmington	State DE	Zip Code 19807-2566	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. William Sheppard, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 17 Stonewold Way		Transaction ID: C296442	
City Wilmington	State DE	Zip Code 19807-2566	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. William Slattery, MD		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7	
Mailing Address 2100 W 3rd St House Ear Clinic		Transaction ID: C296441	
City Los Angeles	State CA	Zip Code 90057-1922	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer House Ear Clinic	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	715.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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 (Last, First, Middle Initial) A. Joe Smith, MD FACS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 7
Mailing Address 1450 Ross Clark Cir Ste 400		Transaction ID: C295865
City Dothan	State AL	Zip Code 36301-4770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. Joe Smith, MD FACS		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 1450 Ross Clark Cir Ste 400		Transaction ID: C298280
City Dothan	State AL	Zip Code 36301-4770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Joe Smith, MD FACS		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 1450 Ross Clark Cir Ste 400		Transaction ID: C315562
City Dothan	State AL	Zip Code 36301-4770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	270.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
Stephen Smith, MD

Mailing Address 290 Baker Ave
Ste N101

City State Zip Code
Concord MA 01742-2193

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: C278492

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Frederick Sporck, MD

Mailing Address PO Box 1628

City State Zip Code
Charleston WV 25326-1628

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: C278518

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Robert Stachler, MD

Mailing Address 527 N Cranbrook Rd

City State Zip Code
Bloomfield Hills MI 48301-2611

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: C278475

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 103
	<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 (Last, First, Middle Initial) A. James Stankiewicz, MD		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2007	
Mailing Address Loyola Univ Med Ctr Dept of OTO		Transaction ID: C315617	
City State Zip Code Maywood IL 60153	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Loyola University Med Cntr	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Eric Stein, MD		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007	
Mailing Address 3 Meeting House Rd		Transaction ID: C296466	
City State Zip Code Chelmsford MA 01824-2738	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Wendy Stern, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 300A Faunce Corner Rd Ste 102		Transaction ID: C278507	
City State Zip Code North Dartmouth MA 02747-1280	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
J Pablo Stolovitzky, MD

Mailing Address 55 N Devereaux Ct NW

City Atlanta State GA Zip Code 30327-4225

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
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278506

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mariel Stroschein, MD

Mailing Address 9180 E Desert Cove Dr Ste 106

City Scottsdale State AZ Zip Code 85260-6254

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 ▼ 245.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2007

Transaction ID: C278713

Amount of Each Receipt this Period
70.00

C. Full Name (Last, First, Middle Initial)
Mariel Stroschein, MD

Mailing Address 9180 E Desert Cove Dr Ste 106

City Scottsdale State AZ Zip Code 85260-6254

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 ▼ 245.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2007

Transaction ID: C278714

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional)	▶	605.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 103
(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. Full Name (Last, First, Middle Initial)
Mariel Stroschein, MD

Mailing Address 9180 E Desert Cove Dr
Ste 106

City State Zip Code
Scottsdale AZ 85260-6254

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 05 / 2007

Transaction ID: C278715

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
Mariel Stroschein, MD

Mailing Address 9180 E Desert Cove Dr
Ste 106

City State Zip Code
Scottsdale AZ 85260-6254

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 05 / 2007

Transaction ID: C295862

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
Mariel Stroschein, MD

Mailing Address 9180 E Desert Cove Dr
Ste 106

City State Zip Code
Scottsdale AZ 85260-6254

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

Name of Employer Self Employed Occupation
Self Employed Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 17 / 2007

Transaction ID: C298278

Amount of Each Receipt this Period
35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial) Mariel Stroschein, MD		Date of Receipt M M / D D / Y Y Y Y Y 06 / 05 / 2007	
Mailing Address 9180 E Desert Cove Dr Ste 106		Transaction ID: C315561	
City State Zip Code Scottsdale AZ 85260-6254		Amount of Each Receipt this Period 35.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00	

B. Full Name (Last, First, Middle Initial) Holzer Susan		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 1 Prince St		Transaction ID: C278479	
City State Zip Code Alexandria VA 22314-3354		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AAO-HNS Occupation Information Requested			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Andrew Sutton, MD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 780 Canton Rd NE Northwest ENT and Sinus Center		Transaction ID: C278515	
City State Zip Code Marietta GA 30060-7289		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Northwest ENT and Sinus Center Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	785.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 103
	<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	

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

A. Full Name (Last, First, Middle Initial)
J Regan Thomas, MD

Mailing Address 1855 W Taylor St
Univ of IL Dept of OTO MC 648

City Chicago State IL Zip Code 60612-7242

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

Name of Employer University of Illinois Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278503

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Christopher Tolan, MD

Mailing Address 12383 Appalachian Trl

City Rosemount State MN Zip Code 55068-4464

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: C278592

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Edward Treyve, MD

Mailing Address 1801 1st Ave
Ste 3A

City Longview State WA Zip Code 98632-3271

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
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: C298272

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 74 / 103
(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. Full Name (Last, First, Middle Initial)
Joy Trimmer

Mailing Address 316 Pennsylvania Ave SE
Ste 501

City State Zip Code
Washington DC 20003-1169

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

Name of Employer American Academy of Otolaryngology-HNS
Occupation Director, Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: C278480

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard Waguespack, MD

Mailing Address 1210 Cheval Ln

City State Zip Code
Birmingham AL 35216-2037

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
M M / D D / Y Y Y Y
02 / 20 / 2007

Transaction ID: C272920

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Michael Weiss, MD

Mailing Address 23 Crossroads Dr
Ste 400

City State Zip Code
Owings Mills MD 21117-5475

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
M M / D D / Y Y Y Y
06 / 01 / 2007

Transaction ID: C299859

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 103
	<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 (Last, First, Middle Initial) A. Samuel Welch, MD PhD		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 4301 W Markham St Dept of Otolaryngology		Transaction ID: C278513	
City State Zip Code Little Rock AR 72205-7101	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of AR	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. Jeffrey Wilson, MD		Date of Receipt M M / D D / Y Y Y Y Y 02 / 19 / 2007	
Mailing Address PO Box 1088		Transaction ID: C272832	
City State Zip Code Glasgow KY 42142-1088	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	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) C. David Witsell, MD MHS		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address Duke University Medical Ctr Div of OTO		Transaction ID: C278463	
City State Zip Code Durham NC 27710-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duke University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 103
	<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

A. Full Name (Last, First, Middle Initial)
Arthur Wood, MD

Mailing Address 7227 Glenwood Ave

City State Zip Code
Youngstown OH 44512-4853

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
MM / DD / YYYY
02 / 19 / 2007

Transaction ID: C272836

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Gayle Woodson, MD

Mailing Address SIU School of Medicine
Department of Otolaryngology

City State Zip Code
Springfield IL 62794

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

Name of Employer SIU School of Medicine Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2007

Transaction ID: C278474

Amount of Each Receipt this Period
250.00

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

Mailing Address 1079 Harvest Ln NE

City State Zip Code
Thompson ND 58278-9408

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
MM / DD / YYYY
02 / 20 / 2007

Transaction ID: C272925

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 103
	<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	

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

Full Name (Last, First, Middle Initial) A. Jay Youngerman, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 875 Old Country Rd Ste 100		Transaction ID: C278501	
City State Zip Code Plainview NY 11803-4934	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. K John Yun, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 906 Woodland Dr Ste 102		Transaction ID: C278502	
City State Zip Code Elizabethtown KY 42701-2752	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Warren Zelman, MD		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 975 Franklin Ave Ste 203B		Transaction ID: C278509	
City State Zip Code Garden City NY 11530-2918	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 78 / 103	
	(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"/> 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

A. Full Name (Last, First, Middle Initial)
Guy Zeringue, MD

Mailing Address 1105 Audubon Ave
Southern ENT Associates Inc

City Thibodaux State LA Zip Code 70301-4940

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

Name of Employer Southern ENT Associates Inc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	0	7

Transaction ID: C278670

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	80941.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 103
	<input 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 checked="" type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) National Capital Bank Mailing Address 316 Pennsylvania Avenue SE City State Zip Code Washington DC 20003		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 0 7 Transaction ID: C272790 Amount of Each Receipt this Period 41.57
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.48

Full Name (Last, First, Middle Initial) National Capital Bank Mailing Address 316 Pennsylvania Avenue SE City State Zip Code Washington DC 20003		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 7 Transaction ID: C278706 Amount of Each Receipt this Period 38.22
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.48

Full Name (Last, First, Middle Initial) National Capital Bank Mailing Address 316 Pennsylvania Avenue SE City State Zip Code Washington DC 20003		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 7 Transaction ID: C295869 Amount of Each Receipt this Period 53.23
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.48

SUBTOTAL of Receipts This Page (optional) ▶	133.02
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 80 / 103
(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. Full Name (Last, First, Middle Initial)
National Capital Bank
Mailing Address 316 Pennsylvania Avenue SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 268.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 7
Transaction ID: C298277
Amount of Each Receipt this Period
48.69

B. Full Name (Last, First, Middle Initial)
National Capital Bank
Mailing Address 316 Pennsylvania Avenue SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 268.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 7
Transaction ID: C315634
Amount of Each Receipt this Period
47.38

C. Full Name (Last, First, Middle Initial)
National Capital Bank
Mailing Address 316 Pennsylvania Avenue SE
City Washington State DC Zip Code 20003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 268.48

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7
Transaction ID: C316551
Amount of Each Receipt this Period
39.39

SUBTOTAL of Receipts This Page (optional)	135.46
TOTAL This Period (last page this line number only)	268.48

**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

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

Full Name (Last, First, Middle Initial) A. EDonation		Transaction ID: D36734 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 3.11
City Alexandria State VA Zip Code 22314-3110	Purpose of Disbursement Fee for EDonation Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Fee for EDonation	

Full Name (Last, First, Middle Initial) B. EDonation		Transaction ID: D37773 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 7
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 7.71
City Alexandria State VA Zip Code 22314-3110	Purpose of Disbursement Fee for EDonation Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Fee for EDonation	

Full Name (Last, First, Middle Initial) C. EDonation		Transaction ID: D40721 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 118 N Saint Asaph St		Amount of Each Disbursement this Period 55.24
City Alexandria State VA Zip Code 22314-3110	Purpose of Disbursement Fee for EDonation Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Fee for EDonation	

SUBTOTAL of Disbursements This Page (optional) ▶	66.06
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)

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<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

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

Full Name (Last, First, Middle Initial) A. EDonation		Transaction ID: D40849 Date of Disbursement																					
Mailing Address 118 N Saint Asaph St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		3	0		2	0	0	7														
City Alexandria	State VA	Zip Code 22314-3110	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fee for EDonation		Category/ Type	10.22																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Fee for EDonation																						

Full Name (Last, First, Middle Initial) B. EDonation		Transaction ID: D47651 Date of Disbursement																					
Mailing Address 118 N Saint Asaph St		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
City Alexandria	State VA	Zip Code 22314-3110	Amount of Each Disbursement this Period																				
Purpose of Disbursement Fee for EDonation		Category/ Type	14.64																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																						
State: District:	Fee for EDonation																						

SUBTOTAL of Disbursements This Page (optional) ►

24.86

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

90.92

**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)

PAGE 83 / 103

<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

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

Full Name (Last, First, Middle Initial) A. Andy Harris For Congress		Transaction ID: D47628	
Mailing Address PO Box 1527		Date of Disbursement 06 / 27 / 2007	
City Annapolis	State MD	Zip Code 21404-1527	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution to federal candidate		Category/ Type	
Candidate Name Andy Harris			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MD	District: 1		

Full Name (Last, First, Middle Initial) B. Blue Dog PAC		Transaction ID: D35147	
Mailing Address 236 Massachusetts Ave NE		Date of Disbursement 01 / 23 / 2007	
City Washington	State DC	Zip Code 20002-4980	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement 07 Contribution to Fed PAC		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State:	District: 2007		

Full Name (Last, First, Middle Initial) C. Democratic Congressional Campaign Committee		Transaction ID: D37688	
Mailing Address 430 S Capitol St SE		Date of Disbursement 03 / 19 / 2007	
City Washington	State DC	Zip Code 20003-4024	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Cont to National Party		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State:	District: 2007		

SUBTOTAL of Disbursements This Page (optional)	12500.00
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

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

Full Name (Last, First, Middle Initial) A. Jeff Sessions for U.S. Senate		Transaction ID: D37801 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 3739 North 30th Road		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22207	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sessions, Jeff		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. LEGPAC		Transaction ID: D37759 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 38 Ivy St SE		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-4006	Category/ Type	
Purpose of Disbursement Cont to fed PAC		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Campaign Committee		Transaction ID: D40866 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address 320 1st St SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003-1838	Category/ Type	
Purpose of Disbursement Cont to Federal Party		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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

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

Full Name (Last, First, Middle Initial) A. PETE PAC		Transaction ID: D36792 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2007
Mailing Address 419 Constitution Ave, NE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution to federal PAC Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 07 Cont to fed PAC	

Full Name (Last, First, Middle Initial) B. RED PAC		Transaction ID: D40739 Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2007
Mailing Address Post Office Box 51		Amount of Each Disbursement this Period 1500.00
City Homeland State FL Zip Code 33847	Purpose of Disbursement Contribution to Federal PAC Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007	

Full Name (Last, First, Middle Initial) C. ANNA ESHOO FOR CONGRESS		Transaction ID: D36753 Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2007
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Contribution Candidate Name Rep. Anna Eshoo Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

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

Full Name (Last, First, Middle Initial) A. CONGRESSMAN BART GORDON COMMITTEE		Transaction ID: D40861 Date of Disbursement
Mailing Address P.O. Box 2008		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Murfreesboro	State TN	Zip Code 37133
Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>	
Candidate Name Rep. Bart Gordon	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 6		

Full Name (Last, First, Middle Initial) B. RANGEL FOR CONGRESS		Transaction ID: D36752 Date of Disbursement
Mailing Address PO Box 5577		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City New York	State NY	Zip Code 10027
Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>	
Candidate Name Rep. Charles B. Rangel	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 15		

Full Name (Last, First, Middle Initial) C. CHARLES BOUSTANY JR MD FOR CONGRESS INC		Transaction ID: D37692 Date of Disbursement
Mailing Address Post Office Box 80126		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City Lafayette	State LA	Zip Code 70598
Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>	
Candidate Name Rep. Charles W. Boustany Jr.	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 7		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

Full Name (Last, First, Middle Initial) A. COMMITTEE TO ELECT CHRIS MURPHY		Transaction ID: D37631 Date of Disbursement																					
Mailing Address P.O. Box 127		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	8		2	0	0	7														
City Cheshire	State CT	Zip Code 06410	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. Christopher S. Murphy		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CT District: 5																							

Full Name (Last, First, Middle Initial) B. HOOLEY FOR CONGRESS		Transaction ID: D37693 Date of Disbursement																					
Mailing Address PO BOX 2050		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	7														
City SALEM	State OR	Zip Code 97308	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. Darlene Hooley		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OR District: 5																							

Full Name (Last, First, Middle Initial) C. DAVE CAMP FOR CONGRESS 2008		Transaction ID: D40630 Date of Disbursement																					
Mailing Address 5915 EASTMAN AVE. SUITE 100		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	3		2	0	0	7														
City MIDLAND	State MI	Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="text"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Dave Camp		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MI District: 4																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF DAVE WELDON		Transaction ID: D40737 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00
City Melbourne State FL Zip Code 32902	Purpose of Disbursement Contribution Candidate Name Rep. Dave Weldon Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DIANA DEGETTE FOR CONGRESS INC.		Transaction ID: D35465 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 61337		Amount of Each Disbursement this Period 1000.00
City Denver State CO Zip Code 80206	Purpose of Disbursement Contribution Candidate Name Rep. Diana L. DeGette Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. WHITFIELD FOR CONGRESS COMMITTEE		Transaction ID: D40735 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address P.O. BOX 391		Amount of Each Disbursement this Period 1000.00
City HOPKINSVILLE State KY Zip Code 42241	Purpose of Disbursement Contribution Candidate Name Rep. Edward Whitfield Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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

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

Full Name (Last, First, Middle Initial) A. BOYD FOR CONGRESS		Transaction ID: D40733 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 15703		Amount of Each Disbursement this Period 2500.00
City Tallahassee	State FL	
Zip Code 32317		
Purpose of Disbursement Contribution Candidate Name Rep. F. Allen Boyd Jr. Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 2		

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: D41001 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 1000.00
City LONG BRANCH	State NJ	
Zip Code 07740		
Purpose of Disbursement Contribution Candidate Name Rep. Frank Pallone Jr. Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 6		

Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS		Transaction ID: D36788 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2500.00
City LONG BRANCH	State NJ	
Zip Code 07740		
Purpose of Disbursement Contribution Candidate Name Rep. Frank Pallone Jr. Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 6		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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)

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<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

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

Full Name (Last, First, Middle Initial) A. GENE GREEN CONGRESSIONAL CAMPAIGN		Transaction ID: D35466 Date of Disbursement 02 / 09 / 2007
Mailing Address PO BOX 16128		Amount of Each Disbursement this Period 1000.00
City HOUSTON	State TX Zip Code 77222	
Purpose of Disbursement Contribution		Category/Type
Candidate Name Rep. Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 29		

Full Name (Last, First, Middle Initial) B. Jim Clyburn Campaign Committee		Transaction ID: D37691 Date of Disbursement 03 / 19 / 2007
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 1000.00
City Columbia	State SC Zip Code 29211-2567	
Purpose of Disbursement Contribution		Category/Type
Candidate Name Rep. James Clyburn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 6		

Full Name (Last, First, Middle Initial) C. JEB for Congress		Transaction ID: D41005 Date of Disbursement 06 / 12 / 2007
Mailing Address 645 S Main St		Amount of Each Disbursement this Period 2500.00
City Wolfeboro	State NH Zip Code 03894-4419	
Purpose of Disbursement Contribution		Category/Type
Candidate Name Rep. Jeb Bradley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH District: 1		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. MATHESON FOR CONGRESS		Transaction ID: D37689 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 7
Mailing Address PO Box 521048		Amount of Each Disbursement this Period 1000.00
City Salt Lake City	State UT	
Zip Code 84152		
Purpose of Disbursement Contribution		
Candidate Name Rep. Jim Matheson		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT District: 2		

Full Name (Last, First, Middle Initial) B. FRIENDS FOR JIM MCDERMOTT		Transaction ID: D41002 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 7
Mailing Address PO Box 21786		Amount of Each Disbursement this Period 2500.00
City Seattle	State WA	
Zip Code 98111		
Purpose of Disbursement Cont to federal Candidate		
Candidate Name Rep. Jim McDermott		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA District: 7		

Full Name (Last, First, Middle Initial) C. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: D40626 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address P.O. Box 1444		Amount of Each Disbursement this Period 2500.00
City Ennis	State TX	
Zip Code 75120		
Purpose of Disbursement Contribution		
Candidate Name Rep. Joe Barton		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 6		

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
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

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

Full Name (Last, First, Middle Initial) A. JOHN D. DINGELL FOR CONGRESS COMMITTEE		Transaction ID: D40998 Date of Disbursement 06 / 12 / 2007	
Mailing Address 607 14th Street N.W.		Amount of Each Disbursement this Period 2500.00	
City Washington	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Rep. John D. Dingell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI	District: 15		

Full Name (Last, First, Middle Initial) B. JOHN LEWIS FOR CONGRESS		Transaction ID: D40736 Date of Disbursement 05 / 09 / 2007	
Mailing Address 2015 Wallace Rd.		Amount of Each Disbursement this Period 1500.00	
City Atlanta	State GA	Zip Code 30331	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Rep. John Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA	District: 5		

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOHN TANNER		Transaction ID: D37632 Date of Disbursement 03 / 08 / 2007	
Mailing Address Post Office Box 1994		Amount of Each Disbursement this Period 1000.00	
City Union City	State TN	Zip Code 38281	Category/ Type
Purpose of Disbursement Contribution			
Candidate Name Rep. John S. Tanner			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 8		

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

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<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

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

Full Name (Last, First, Middle Initial) A. JOHN SULLIVAN FOR CONGRESS INC		Transaction ID: D40627 Date of Disbursement																					
Mailing Address Post Office Box 470840		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	3		2	0	0	7														
City Tulsa	State OK	Zip Code 74147	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. John Sullivan		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: OK District: 1																							

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE PITTS		Transaction ID: D36789 Date of Disbursement																					
Mailing Address PO BOX 775		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	7														
City Unionville	State PA	Zip Code 19375	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Joseph R. Pitts		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA District: 16																							

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE PITTS		Transaction ID: D41003 Date of Disbursement																					
Mailing Address PO BOX 775		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	7														
City Unionville	State PA	Zip Code 19375	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="1500.00"/>																				
Candidate Name Rep. Joseph R. Pitts		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA District: 16																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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

Full Name (Last, First, Middle Initial) A. MICHAEL BURGESS FOR CONGRESS		Transaction ID: D40734 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 2500.00
City Denton State TX Zip Code 76202	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael C. Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROGERS FOR CONGRESS		Transaction ID: D40862 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Michael J. Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 8	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MIKE THOMPSON FOR CONGRESS		Transaction ID: D40632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 5000.00
City Sacramento State CA Zip Code 95841	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Rep. Mike Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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)

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<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

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

Full Name (Last, First, Middle Initial) A. NATHAN DEAL FOR CONGRESS		Transaction ID: D35463 Date of Disbursement																					
Mailing Address PO BOX 902		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	9		2	0	0	7														
City GAINESVILLE	State GA	Zip Code 30503	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Nathan Deal		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA District: 9																							

Full Name (Last, First, Middle Initial) B. RYAN FOR CONGRESS		Transaction ID: D40864 Date of Disbursement																					
Mailing Address P. O. Box 1919		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	2		2	0	0	7														
City Janesville	State WI	Zip Code 53547	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. Paul D. Ryan		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI District: 1																							

Full Name (Last, First, Middle Initial) C. GINGREY FOR CONGRESS		Transaction ID: D41000 Date of Disbursement																					
Mailing Address PO Box U		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	7														
City Marietta	State GA	Zip Code 30060	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Phil Gingrey		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA District: 11																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF RAHM EMANUEL		Transaction ID: D40633																					
Mailing Address P.O. Box 101124		Date of Disbursement																					
City Chicago State IL Zip Code 60610		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	3		2	0	0	7														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name Rep. Rahm Emanuel		<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>		2500.00																			
2500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: IL District: 5		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) B. RICHARD E NEAL FOR CONGRESS COMMITTEE		Transaction ID: D40750																					
Mailing Address 76 MAGNOLIA TERRACE		Date of Disbursement																					
City SPRINGFIELD State MA Zip Code 01108		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	9		2	0	0	7														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name Rep. Richard E. Neal		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2007																					
State: MA District: 2		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) C. FRIENDS OF ROY BLUNT		Transaction ID: D40865																					
Mailing Address PO Box 50100		Date of Disbursement																					
City Springfield State MO Zip Code 65805		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	2		2	0	0	7														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name Rep. Roy Blunt		<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>		2500.00																			
2500.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008																					
State: MO District: 7		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)	▶	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

**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)

PAGE 97 / 103

<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

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

Full Name (Last, First, Middle Initial) A. HOYER FOR CONGRESS		Transaction ID: D40629 Date of Disbursement
Mailing Address 7905 MALCOLM ROAD SUITE 102		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2007"/>
City CLINTON	State MD	Zip Code 20735
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Steny H. Hoyer		<input type="text" value="5000.00"/>
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: MD	District: 5	

Full Name (Last, First, Middle Initial) B. HOOSIERS SUPPORTING BUYER FOR CONGRESS		Transaction ID: D37690 Date of Disbursement
Mailing Address 200 North Main St. P.O. Box 712		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City Monticello	State IN	Zip Code 47960
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Steve Buyer		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IN	District: 4	

Full Name (Last, First, Middle Initial) C. HOOSIERS SUPPORTING BUYER FOR CONGRESS		Transaction ID: D40863 Date of Disbursement
Mailing Address 200 North Main St. P.O. Box 712		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Monticello	State IN	Zip Code 47960
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name Rep. Steve Buyer		<input type="text" value="1500.00"/>
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2008	
<input type="checkbox"/> Senate	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼	
State: IN	District: 4	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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

Full Name (Last, First, Middle Initial) A. TOM ALLEN FOR CONGRESS COMMITTEE		Transaction ID: D40625 Date of Disbursement																					
Mailing Address P.O. Box 17766		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	3		2	0	0	7														
City Portland	State ME	Zip Code 04112	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name Rep. Thomas H. Allen																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: ME	District: 1																						

Full Name (Last, First, Middle Initial) B. TIM BISHOP FOR CONGRESS		Transaction ID: D40999 Date of Disbursement																					
Mailing Address PO Box 437		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	7														
City Farmingville	State NY	Zip Code 11738	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution Fed Candidate		Category/ Type	1000.00																				
Candidate Name Rep. Tim Bishop																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 1																						

Full Name (Last, First, Middle Initial) C. TIM MURPHY FOR CONGRESS		Transaction ID: D35464 Date of Disbursement																					
Mailing Address PO Box 24551		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		0	9		2	0	0	7														
City Pittsburgh	State PA	Zip Code 15234	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		Category/ Type	1000.00																				
Candidate Name Rep. Timothy F. Murphy																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 18																						

SUBTOTAL of Disbursements This Page (optional)	▶	3000.00
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

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

Full Name (Last, First, Middle Initial) A. PRICE FOR CONGRESS		Transaction ID: D36790 Date of Disbursement																					
Mailing Address P.O. Box 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	1		2	0	0	7														
City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Tom Price		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA District: 6																							

Full Name (Last, First, Middle Initial) B. PRICE FOR CONGRESS		Transaction ID: D40631 Date of Disbursement																					
Mailing Address P.O. Box 425		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	3		2	0	0	7														
City Roswell	State GA	Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2500.00"/>																				
Candidate Name Rep. Tom Price		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA District: 6																							

Full Name (Last, First, Middle Initial) C. BECERRA FOR CONGRESS		Transaction ID: D40628 Date of Disbursement																					
Mailing Address P.O. Box 261060		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	3		2	0	0	7														
City Los Angeles	State CA	Zip Code 90026	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="1000.00"/>																				
Candidate Name Rep. Xavier Becerra		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA District: 31																							

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

PAGE 100 / 103

<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

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

Full Name (Last, First, Middle Initial) A. BECERRA FOR CONGRESS		Transaction ID: D35468 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 261060		Amount of Each Disbursement this Period 3000.00
City Los Angeles	State CA Zip Code 90026	
Purpose of Disbursement Contribution Candidate Name Rep. Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Republican Mainstreet Partnership		Transaction ID: D40634 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 1220 L Street, NW Suite 100-263		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Contribution Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FRIENDS OF BLANCHE LINCOLN		Transaction ID: D40731 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address PO BOX 3197		Amount of Each Disbursement this Period 1500.00
City LITTLE ROCK	State AR Zip Code 72203	
Purpose of Disbursement Contribution Candidate Name Sen. Blanche L. Lincoln		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 0	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

PAGE 101 / 103

<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

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

Full Name (Last, First, Middle Initial) A. GRASSLEY COMMITTEE INC		Transaction ID: D40732 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address PO BOX 1000		Amount of Each Disbursement this Period 2500.00	
City DES MOINES	State IA	Zip Code 50304	Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Sen. Charles E. Grassley			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 0		

Full Name (Last, First, Middle Initial) B. MCCASKILL FOR MISSOURI 2012		Transaction ID: D35061 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 7	
Mailing Address PO BOX 6771		Amount of Each Disbursement this Period 2500.00	
City ST LOUIS	State MO	Zip Code 63144	Category/ Type
Purpose of Disbursement 06 Debt Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
Candidate Name Sen. Claire C. McCaskill			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 0		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: D40730 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address PO BOX 586		Amount of Each Disbursement this Period 4500.00	
City HELENA	State MT	Zip Code 59624	Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Sen. Max Baucus			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MT District: 0		

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
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)

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<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

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

Full Name (Last, First, Middle Initial) A. PEOPLE FOR PETE DOMENICI		Transaction ID: D41004 Date of Disbursement 06 / 12 / 2007
Mailing Address POST OFFICE BOX 93656		Amount of Each Disbursement this Period 1500.00
City ALBUQUERQUE	State NM Zip Code 87199	
Purpose of Disbursement Contribution		Category/Type
Candidate Name Sen. Pete V. Domenici		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District: 0	

Full Name (Last, First, Middle Initial) B. Tuesday Group		Transaction ID: D40867 Date of Disbursement 05 / 22 / 2007
Mailing Address PO Box 70385		Amount of Each Disbursement this Period 2500.00
City Washington	State DC Zip Code 20016	
Purpose of Disbursement Contribution Federal PAC		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State:	District: 2007	

Full Name (Last, First, Middle Initial) C. Vine PAC		Transaction ID: D36751 Date of Disbursement 02 / 23 / 2007
Mailing Address 236 Massachusettes Avenue, NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement 07 Contribution to Federal PAC		Category/Type
Candidate Name Mike Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: CA	District: 1 2007	

SUBTOTAL of Disbursements This Page (optional)	5000.00
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)

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<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

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

Full Name (Last, First, Middle Initial) A. Vine PAC		Transaction ID: D35467 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7	
Mailing Address 236 Massachusettes Avenue, NE		Amount of Each Disbursement this Period 1500.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Federal PAC	Category/ Type	
Candidate Name Mike Thompson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: CA District: 1		

Full Name (Last, First, Middle Initial) B. Voice for Freedom		Transaction ID: D36791 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 2451 Cumberland Pkwy Ste 3264		Amount of Each Disbursement this Period 1000.00	
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Contribution to federal PAC	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:		

Full Name (Last, First, Middle Initial) C. Voice for Freedom		Transaction ID: D40738 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 2451 Cumberland Pkwy Ste 3264		Amount of Each Disbursement this Period 1500.00	
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Contribution to Federal PAC	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	133000.00