

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Ms Brenda Hargett CPA

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="93512.12"/>	<input type="text" value="93512.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="109152.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8029.98"/>	<input type="text" value="24709.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="117182.49"/>	<input type="text" value="118221.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="72542.73"/>	<input type="text" value="73581.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44639.76"/>	<input type="text" value="44639.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6550.00	20235.00
(ii) Unitemized .....	1475.42	4461.26
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8025.42	24696.26
(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) .....	8025.42	24696.26
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.).....	4.56	12.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8029.98	24709.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8029.98	24709.19

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	542.73	1581.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	542.73	1581.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	72000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	72542.73	73581.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72542.73	73581.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8025.42	24696.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8025.42	24696.26
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	542.73	1581.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	542.73	1581.55

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

**A. James A Stankiewicz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2160 S 1st Ave  
 Dept of Oto  
 City Maywood State IL Zip Code 60153-3328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Loyola Univ Med Ctr Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 28 / 2013  
**Transaction ID : 4714616**  
 Amount of Each Receipt this Period  
 500.00

**B. Paul M. Imber DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 Silverside Rd Ste 3A  
 City Wilmington State DE Zip Code 19810-3724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENT & Allergy of Delaware Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2013  
**Transaction ID : 4727932**  
 Amount of Each Receipt this Period  
 1000.00

**C. Susan R. Cordes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 Riley Hospital Drive  
 #0860  
 City Indianapolis State IN Zip Code 46202-5109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Indiana University School of Medicine Occupation Clinical Assistant Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2013  
**Transaction ID : 4727933**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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. Gavin Setzen MD**

Mailing Address 400 Patroon Creek Blvd Ste 205

City Albany	State NY	Zip Code 12206-5012
----------------	-------------	------------------------

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

Name of Employer Albany ENT & Allergy Services PC	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

**Transaction ID : 4727934**

Amount of Each Receipt this Period  

175.00
--------

Full Name (Last, First, Middle Initial)  
**B. Michael J. Reilly MD**

Mailing Address Dept Of OTO-HNS  
3800 Reservoir Rd NW FL 1 Gorman

City Washington	State DC	Zip Code 20007
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FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown Univ Hosp	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

**Transaction ID : 4727936**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 177 N Dean St Ste PHSOUTH

City Englewood	State NJ	Zip Code 07631-2533
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FEC ID number of contributing federal political committee. **C**

Name of Employer ENT and Allergy Associates	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2013

**Transaction ID : 4727937**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>295.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<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. Marcella R. Bothwell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3030 Childrens Way MOB 402A  
 City San Diego State CA Zip Code 92123-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Rady Children's Hospital of San Diego Occupation: Director, Pediatric Airway and Aerodig  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt: 03 / 05 / 2013  
**Transaction ID : 4727944**  
 Amount of Each Receipt this Period: 125.00

**B. David C. Norcross MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6500 E 2nd St Ste 101  
 City Casper State WY Zip Code 82609-4339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Wyoming Otolaryngology Occupation: Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 03 / 13 / 2013  
**Transaction ID : 4727953**  
 Amount of Each Receipt this Period: 250.00

**C. Ryan C. Case MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 South Railroad Ave  
 City Brookhaven State MS Zip Code 39601-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Brookhaven Ear, Nose, & Throat Occupation: Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt: 03 / 13 / 2013  
**Transaction ID : 4727956**  
 Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional)..... **740.00**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

**A. William S Postal MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 198 Massachusetts Ave  
 City North Andover State MA Zip Code 01845-4158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Andover Ear Nose and Throat Center 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 Y  
 03 / 13 / 2013  
**Transaction ID : 4727957**  
 Amount of Each Receipt this Period  
**250.00**

**B. Douglas A O'Brien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 Washington St Ste 310  
 City Norwood State MA Zip Code 02062-3481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ENT Specialists Inc Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2013  
**Transaction ID : 4727962**  
 Amount of Each Receipt this Period  
**365.00**

**C. Michael J Kelleher MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Milford St Ste 101  
 City Salisbury State MD Zip Code 21804-6966  
 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 Y  
 03 / 13 / 2013  
**Transaction ID : 4727963**  
 Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>980.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. Brian J Szwarc MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 W. Hansell St.

City State Zip Code  
Thomasville GA 31792-6649

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

Name of Employer Occupation  
ENT Associates of Southwest Georgia Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
535.00

Date of Receipt  
03 / 14 / 2013  
**Transaction ID : 4727966**

Amount of Each Receipt this Period  
535.00

**B. Robert N. Strominger MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Ascot PI

City State Zip Code  
Ithaca NY 14850-1072

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

Name of Employer Occupation  
Cayuga ENT Head & Neck Surgery Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 15 / 2013  
**Transaction ID : 4727967**

Amount of Each Receipt this Period  
250.00

**C. Frank Allan Brettschneider DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1522 Pine Grove Ave Ste A

City State Zip Code  
Port Huron MI 48060-3382

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

Name of Employer Occupation  
PORT HURON EAR NOSE THROAT PC Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 16 / 2013  
**Transaction ID : 4727969**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1035.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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. Michael R. Holtel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10670 Wexford St

City San Diego State CA Zip Code 92131-3940

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

Name of Employer Sharp Rees-Stealy Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : 4727979**

Amount of Each Receipt this Period  
 535.00

**B. Ofer Jacobowitz MD PhD**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Powder Horn Dr

City Suffern State NY Zip Code 10901-2426

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

Name of Employer Hudson Valley Ear Nose & Throat PC Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2013  
**Transaction ID : 4727980**

Amount of Each Receipt this Period  
 365.00

**C. C Y Joseph Chang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3642 Timberside Circle Dr

City Houston State TX Zip Code 77025-3663

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

Name of Employer Texas Ear Center Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : 4727982**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6550.00

**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**

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement  
Payment to eDonation

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 4727981**

Amount of Each Disbursement this Period

Payment to eDonation

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution to Party Committee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4679039**

Amount of Each Disbursement this Period

2013 Contribution to Party Committee

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Eric Cantor**

Office Sought:  House  Senate  President  
State: VA District: 07

Disbursement For: 2014  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4679041**

Amount of Each Disbursement this Period

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Brady For Congress**

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  
Contribution to Federal Candidate

Candidate Name

**Rep. Kevin Brady**

Office Sought:  House  Senate  President  
State: TX District: 08

Disbursement For: 2014  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 4679043**

Amount of Each Disbursement this Period

Contribution to Federal Candidate

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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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 Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Joe Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

**Transaction ID : 4679044**

Amount of Each Disbursement this Period

1500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Friends Of Max Baucus**

Mailing Address PO BOX 586

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

**Transaction ID : 4679045**

Amount of Each Disbursement this Period

2500.00
---------

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Bera For Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Ami Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2013

**Transaction ID : 4679048**

Amount of Each Disbursement this Period

1500.00
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Contribution to Federal Candidate

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

5500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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**

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

Purpose of Disbursement  
Contribution to Federal Candidate

011

Category/  
Type

Candidate Name

**Rep. Michael Burgess**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

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

**Transaction ID : 4679050**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Andy Harris For Congress**

Mailing Address PO Box 1527

City State Zip Code  
Annapolis MD 21404

Purpose of Disbursement  
Contribution to Federal Candidate

011

Category/  
Type

Candidate Name

**Rep. Andy Harris**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

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

**Transaction ID : 4679051**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Healthcare Freedom Fund**

Mailing Address PO Box 2485

City State Zip Code  
Springfield VA 22152

Purpose of Disbursement  
Contribution to Federal PAC

011

Category/  
Type

Candidate Name

**Healthcare Freedom Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : 4679064**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution to Federal PAC

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

**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. Upton For All Of Us**

Mailing Address P.O. Box 490

City State Zip Code  
St. Joseph MI 49085

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Fred Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679066**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Pallone For Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Frank Pallone**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679067**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue

City State Zip Code  
Midland MI 48640

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Dave Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679068**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

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

7500.00

**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. Bucshon For Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Larry Bucshon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679069**

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Price For Congress**

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Tom Price**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679070**

Amount of Each Disbursement this Period

5000.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Fleming For Congress**

Mailing Address P.O. BOX 1236

City MINDEN State LA Zip Code 71058

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. John Fleming**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679072**

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

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

11500.00

**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. Pascrell For Congress**

Mailing Address P.O. BOX 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name  
**Bill Pascrell**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679075**

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Pitts**

Mailing Address PO BOX 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name  
**Rep. Joe Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679076**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 6116

City La Quinta State CA Zip Code 92248

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name  
**Rep. Raul Ruiz MD**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 36

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679078**

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

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

5500.00

**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. NRCC**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Party Committee

011

Candidate Name

**NRCC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2013

**Transaction ID : 4679079**

Amount of Each Disbursement this Period

15000.00

Contribution to Party Committee

Full Name (Last, First, Middle Initial)

**B. Gingrey For Congress, Inc.**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Phil Gingrey**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679080**

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C. Benishek For Congress, Inc.**

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Dan Benishek**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 4679081**

Amount of Each Disbursement this Period

1500.00

Contribution to Federal Candidate

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

18000.00

**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. Walden For Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Greg Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 4679082**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Matheson For Congress**

Mailing Address P.O. BOX 521048

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement  
Contribution to Federal Candidate

011

Candidate Name

**Rep. Jim Matheson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2013

**Transaction ID : 4679083**

Amount of Each Disbursement this Period

2500.00

Contribution to Federal Candidate

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

5000.00

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

72000.00