

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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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
---	---	---	---	---	---	---