

**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, Inc (ENT PAC)

ADDRESS (number and street)

One Prince Street

Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00306449

3. IS THIS REPORT

NEW (N) OR

X

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 (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

01

01

2004

through

03

31

2004

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 Nielsen, MD

Signature of Treasurer

Electronically Filed by David Nielsen, MD

Date

05

27

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

Report Covering the Period: From: <sup>M</sup> 0 <sup>M</sup> 1 <sup>:</sup> 0 <sup>:</sup> 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 4 To: <sup>M</sup> 0 <sup>M</sup> 3 <sup>:</sup> 3 <sup>:</sup> 1 <sup>Y</sup> 2 <sup>Y</sup> 0 <sup>Y</sup> 4

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		205220.18
(b) Cash on Hand at Beginning of Reporting Period .....	205220.18	
(c) Total Receipts (from Line 19) .....	74536.37	74536.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	279756.55	279756.55
<hr/>		
7. Total Disbursements (from Line 31) .....	43578.12	43578.12
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	236178.43	236178.43
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	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. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

Report Covering the Period: From: <sup>M</sup>01 <sup>-</sup>01 <sup>-</sup>2004 To: <sup>M</sup>03 <sup>-</sup>31 <sup>-</sup>2004

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) .....	48505.00	
(ii) Unitemized .....	25973.83	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	74478.83	74478.83
(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) .....	74478.83	74478.83
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.) .....	57.54	57.54
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)) .....	74536.37	74536.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	74536.37	74536.37

**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.....	78.12	78.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	78.12	78.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	43500.00
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 ActMty (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))..	43578.12	43578.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	43578.12	43578.12

**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) .....	74478.83	74478.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74478.83	74478.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	78.12	78.12
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	78.12	78.12

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

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

FOR LINE NUMBER: PAGE 6 / 56

(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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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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A.</b> Dr Milton G Yoder, MD Mailing Address 1208 York Rd Ste 201 City State Zip Code Luthvia Timon MD 21088-6217 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M / D / Y Y Y Y 01 / 12 / 2004 Transaction ID: 17822755 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) <b>B.</b> Dr Robert T Fritz, MD Mailing Address 2 Blackburn Drive City State Zip Code Gloucester MA 01930-2295 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Cape Ann Medical Center Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M / D / Y Y Y Y 01 / 12 / 2004 Transaction ID: 17822765 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) <b>C.</b> H.G. Arnold, Jr MD Mailing Address 943D Park West Blvd Ste 33D City State Zip Code Knoxville TN 37923-4203 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer ENT Consultants of East Tennessee Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M / D / Y Y Y Y 01 / 12 / 2004 Transaction ID: 17822757 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **990.00**

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 7 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Hugh P Scott, DO		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 3707 Merlin Way		Transaction ID: 17822714
City	State	Zip Code
Annandale	VA	22003-1326
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Northrup Grumman Corporation	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Anthony D Sanders, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1655 N Gladstone Ave Ste E		Transaction ID: 17822751
City	State	Zip Code
Columbus	IN	47201-5380
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Southern Indiana ENT Associates	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Philp Schlegel, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 511 E Robinson St		Transaction ID: 17822713
City	State	Zip Code
Carson City	NV	89701-4020
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1095.00</b>
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 8 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Derek S Lee, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 22 Lessing Rd		Transaction ID: 17822776
City West Orange	State NJ	Zip Code 07052-3113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr George D Roffman, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 2101 Riverside Dr Ste 105		Transaction ID: 17822788
City Coral Springs	State FL	Zip Code 33071-6260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr William C Gray, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 18 S Eutaw St Ste 500		Transaction ID: 17822868
City Baltimore	State MD	Zip Code 21201-1619
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 215.00
Receipt For: Primary General Other (specify) ▼		

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 9 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. John P Taggart, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 44 W Michigan St		Transaction ID: 17822690
City Orlando	State FL	Zip Code 32806-4453
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr David J Quenelle, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 2451 Summerfield Rd		Transaction ID: 17822781
City Santa Rosa	State CA	Zip Code 95405-7815
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Cathoun D Gunningham, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 915 Medical Circle		Transaction ID: 17822879
City Myrtle Beach	State SC	Zip Code 29572-4118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>980.00</b>
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 10 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr R Dwight Grady, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 311D Wellon Blvd		Transaction ID: 17822743
City New Bern	State NC	Zip Code 28562-5247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Michael C Janzwek, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 888 Thackeray Trl		Transaction ID: 17822793
City Oconomowoc	State WI	Zip Code 53066-4342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Stephen E Schell, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 358D Peach Street		Transaction ID: 17822718
City Erie	State PA	Zip Code 16508-2778
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Peach Street Medical Cent- er	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1095.00</b>
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 11 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Warren Rothman, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 7505 Osler Drive Suite 507		Transaction ID: 17822808
City Towson	State MD	Zip Code 21204-7740
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer O'Dea Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Giancarlo Chianzone, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1800 Glenside Drive Suite 120		Transaction ID: 17822794
City Richmond	State VA	Zip Code 23226-3769
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Greg I Dosh, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1111 Montauk Hwy		Transaction ID: 17822747
City West Islip	State NY	Zip Code 11796-4910
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<b>TOTAL</b> 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 12 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Glen Y Yoshida, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 107B Harvest Ln NE		Transaction ID: 17822797
City Thompson	State ND	Zip Code 58278-9408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Dale B Smith, DD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 1 Cover Bridge Rd		Transaction ID: 17822708
City Elgin	State OK	Zip Code 73538-9793
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Ronald J Esudaro, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 5901 Royal Oak Dr NE		Transaction ID: 17822895
City Albuquerque	State NM	Zip Code 87111-6244
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>990.00</b>
<b>TOTAL</b> 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 13 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr William J Belles, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 51 Argyle Park		Transaction ID: 17822798
City Buffalo	State NY	Zip Code 14222-1205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr William S Postal, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 198 Massachusetts Ave		Transaction ID: 17822678
City North Andover	State MA	Zip Code 01845-4143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer North Andover ENT Associa- tes	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Marty Janning, MD		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 101 Willmar Ave SW		Transaction ID: 17822697
City Willmar	State MN	Zip Code 56201-3558
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>915.00</b>
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

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(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Stephen R Favrot, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 840 Montclair Rd Ste 218		Transaction ID: 17822691
City	State	Zip Code
Birmingham	AL	35213-1843
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Francis J Miewski, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 330 East Congress St		Transaction ID: 17822805
City	State	Zip Code
Kalamazoo	MI	49006
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Pramod K Sharma, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address University of Utah Room 3c120		Transaction ID: 17822807
City	State	Zip Code
Salt Lake City	UT	84132-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer University of Utah	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

<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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Jeffrey B Ginsburg, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 14 Carol Rd		Transaction ID: 17822746
City Kinnelon	State NJ	Zip Code 07405-2826
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Theodore P Mason, MD</b>		Date of Receipt M / D / Y 01 / 12 / 2004
Mailing Address 11 Rachel Terrace		Transaction ID: 17822732
City Westfield	State MA	Zip Code 01085-1877
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joseph H Oyer, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 48 Elm St		Transaction ID: 17895848
City Worcester	State MA	Zip Code 01609-2541
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 16 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Kristi Adachi, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 742 Mokulua Dr		Transaction ID: 17695949
City Kailua	State HI	Zip Code 96734-3105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr R Maleki, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 10 Hospital Drive Suite 106		Transaction ID: 17695972
City Holyoke	State MA	Zip Code 01040-6612
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Bjorn Ble, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 3 Meeting House Road Suite 24		Transaction ID: 17695971
City Chelmsford	State MA	Zip Code 01824-2739
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 17 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Anthony Durante, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 134 Mineola Blvd		Transaction ID: 17695942
City Mineola	State NY	Zip Code 11501-3859
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Stephen Early, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 70 Medical Center Drive Suite 302		Transaction ID: 17695959
City Fishersville	State VA	Zip Code 22939-2332
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Nancy Giner, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 902 Wilshire Court		Transaction ID: 17697417
City Grayson	State GA	Zip Code 30017-1680
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> 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 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Christopher Peers, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 2012 South Main Street Suite C		Transaction ID: 17695956
City Goshen	State IN	Zip Code 46526-5200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Ray Cameron, MD PhD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address N1491 Forest Dr		Transaction ID: 17695944
City Norway	State MI	Zip Code 49870-2008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Hugh Hetherington, MD</b>		Date of Receipt M / D / Y 01 / 14 / 2004
Mailing Address 925 Highland Boulevard Suite 1160		Transaction ID: 17697615
City Bozeman	State MT	Zip Code 59715-6505
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>980.00</b>
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 10 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Thomas Ocheltree, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 14 / 2004
Mailing Address 1404 Eastland Dr Ste 209		Transaction ID: 17697623
City Bloomington	State IL	Zip Code 61701-7804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Karl McIntire, DO</b>		Date of Receipt M / D / Y Y Y Y 01 / 14 / 2004
Mailing Address 1331 W 32nd St		Transaction ID: 17695853
City Joplin	State MO	Zip Code 64804-1601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Lawrence Danna, MD</b>		Date of Receipt M / D / Y Y Y Y 01 / 14 / 2004
Mailing Address 108 Contempo Ave		Transaction ID: 17695853
City West Monroe	State LA	Zip Code 71291-5312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
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 20 / 56  
(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, Inc (ENT PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Donn Livingstone, MD</p> <p>Mailing Address B11 N F St</p> <hr/> <p>City State Zip Code Aberdeen WA 98520-2867</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt M / D / Y Y Y Y 01 / 14 / 2004</p> <p>Transaction ID: 17697825</p> <hr/> <p>Amount of Each Receipt this Period 365.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr John W House, MD</p> <p>Mailing Address 210D West Third Street Suite 111</p> <hr/> <p>City State Zip Code Los Angeles CA 90057-1822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer House Ear Clinic Occupation Physician</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M / D / Y Y Y Y 02 / 06 / 2004</p> <p>Transaction ID: 17822846</p> <hr/> <p>Amount of Each Receipt this Period 250.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr Randall A. Langston, MD</p> <p>Mailing Address 8 Doral Drive</p> <hr/> <p>City State Zip Code Shalimar FL 32579-1612</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Employed Occupation Physician</p> <p>Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00</p>	<p>Date of Receipt M / D / Y Y Y Y 02 / 06 / 2004</p> <p>Transaction ID: 17822874</p> <hr/> <p>Amount of Each Receipt this Period 365.00</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶</p>	<p><b>980.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>	

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

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

FOR LINE NUMBER: PAGE 21 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Mark L Belafsky, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 921 Francine Drive		Transaction ID: 17822947
City Cherry Hill	State NJ	Zip Code 08003-2809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Clarence W Gehris, Jr MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 8343 Tally Ho Rd		Transaction ID: 17822881
City Luthwile Timon	State MD	Zip Code 21069-4723
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven M Zeitel, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 243 Charles Street		Transaction ID: 17822838
City Boston	State MA	Zip Code 02114-3002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Massachusetts Eye and Ear	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>915.00</b>
<b>TOTAL</b> 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 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Keith J Alexander, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 1720 Nicholasville Rd Ste 501		Transaction ID: 17822987
City Lexington	State KY	Zip Code 40503-1487
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Matthew J Kates, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 28 Burling Lane		Transaction ID: 17822874
City New Rochelle	State NY	Zip Code 10801-5604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Michael G Garten, MD FAAP</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 2201 Greenwood Avenue		Transaction ID: 17822834
City Joliet	State IL	Zip Code 60435-5574
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer ENT Surgical Consultants	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>990.00</b>
<b>TOTAL</b> 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 23 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Jack V Hough, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 3400 NW 58th St		Transaction ID: 17822984
City Oklahoma City	State OK	Zip Code 73112-4404
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Robert E Bonham, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 10 Medical Parkway Suite 203		Transaction ID: 17822927
City Dallas	State TX	Zip Code 75224-7845
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr John F Burton, MD</b>		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 510 North Street		Transaction ID: 17822830
City Pittsfield	State MA	Zip Code 01201-4111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>980.00</b>
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  
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FOR LINE NUMBER: PAGE 24 / 56

(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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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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Donald J Wittich, Jr MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 2118 Data Park		Transaction ID: 17822944
City	State	Zip Code
Birmingham	AL	35244-1203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr William Leskewski, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 3 Hospital Park		Transaction ID: 17822944
City	State	Zip Code
Moultrie	GA	31768-6772
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Mark Mount, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 800 West Ave, S		Transaction ID: 17822945
City	State	Zip Code
La Crosse	WI	54601-6808
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Franciscan Skemp Healthcare Group	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1095.00</b>
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 25 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Evan J Tabin, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 1132 S Creekway Ct		Transaction ID: 17822997
City Gahanna	State OH	Zip Code 43230-1877
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Serge Jean, MD		Date of Receipt M / D / Y 02 / 06 / 2004
Mailing Address 1600 Lakeland Hills Boulevard 3 - West		Transaction ID: 17822996
City Lakeland	State FL	Zip Code 33805-3019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Johns Hopkins University	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr William S McAfee, MD		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 986 Cass St Ste 250		Transaction ID: 17877204
City Monterey	State CA	Zip Code 93940-4541
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1230.00</b>
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 26 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Ralph Cepero, MD</b>		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 8218 Riders Rd		Transaction ID: 17877183
City Odessa	State TX	Zip Code 79762-5146
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Joe M Huerta, MD</b>		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 8585 E Carondelet Dr Ste 300		Transaction ID: 17877197
City Tucson	State AZ	Zip Code 85710-2158
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Rodney P Lusk, MD</b>		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 7855 Eagle Ranch Rd		Transaction ID: 17877222
City Fort Collins	State CO	Zip Code 80528-8580
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 385.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 385.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>385.00</b>
<b>TOTAL</b> 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 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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

Full Name (Last, First, Middle Initial) <b>A. Dr Ernesto Diaz-Ordaz, MD</b>		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 2157 Main St		Transaction ID: 17877185
City	State	Zip Code
Buffalo	NY	14214-2648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Charles A Lablanc, MD</b>		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 525B Dijon Dr		Transaction ID: 17877211
City	State	Zip Code
Baton Rouge	LA	70808-4311
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Brian Maloney, MD</b>		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 1225 Bay Pointe Ter		Transaction ID: 17877200
City	State	Zip Code
Alpharetta	GA	30005-6554
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1230.00</b>
<b>TOTAL</b> 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 28 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Kristi Adachi, MD		Date of Receipt M / D / Y 02 / 16 / 2004	
Mailing Address 742 Mokulua Dr		Transaction ID: 17877198	
City	State	Zip Code	Amount of Each Receipt this Period 500.00
Kailua	HI	96734-3105	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr Warren E Morgan, MD		Date of Receipt M / D / Y 02 / 16 / 2004	
Mailing Address 11301 Fallbrook Dr Ste 310		Transaction ID: 17877191	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
Houston	TX	77065-4272	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr Michael Daley, MD		Date of Receipt M / D / Y 02 / 16 / 2004	
Mailing Address 188 Pinehurst Pointe Dr		Transaction ID: 17877213	
City	State	Zip Code	Amount of Each Receipt this Period 250.00
St Augustine	FL	32062-0799	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary      General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 28 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr William A Wells, MD		Date of Receipt M / D / Y 02 / 16 / 2004
Mailing Address 301 B Bransford Rd		Transaction ID: 17877188
City Augusta	State GA	Zip Code 30909-3090
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Fred J Shuster, MD		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 1501 Kings Highway #33932		Transaction ID: 17909207
City Shreveport	State LA	Zip Code 71109-4228
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Louisiana State University Medical Ctr	Occupation Physician	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Michael C Jenowak, MD		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 888 Thackeray Trl		Transaction ID: 17909223
City Oconomowoc	State WI	Zip Code 53069-4342
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 730.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>815.00</b>
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 30 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Christopher J Peers, MD		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 2012 S Main St Ste C		Transaction ID: 17909230
City Goshen	State IN	Zip Code 46526-5200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Karl Douglas McBride, DO		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 1331 W 32nd St		Transaction ID: 17909239
City Joplin	State MO	Zip Code 64804-1601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Evan J Tobin, MD		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 1132 S Creekway Ct		Transaction ID: 17909232
City Gahanna	State OH	Zip Code 43230-1577
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 730.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>965.00</b>
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 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Jeffrey B Ginsburg, MD</b>		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 14 Carol Rd		Transaction ID: 17909219
City Kinnelon	State NJ	Zip Code 07405-2826
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Scott William DiVenere, MD</b>		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 4811 Wolf Rd		Transaction ID: 17909222
City Western Springs	State IL	Zip Code 60558-1736
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Dr Sultan F Khan, MD</b>		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 28 S Centre St		Transaction ID: 17965775
City Pottsville	State PA	Zip Code 17501-5001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1065.00</b>
<b>TOTAL</b> 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 32 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. George A Gates, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address 1950 NE Pacific Street P.O. Box 357923		Transaction ID: 17965801
City Seattle	State WA	Zip Code 98105-7023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Washington Medical Center	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J Guruchari, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address 201 D 59th St W Ste 3500		Transaction ID: 17965789
City Bradenton	State FL	Zip Code 34209-4688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Dr John H Krauss, MD PhD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address 540 East Canfield Street		Transaction ID: 17965800
City Detroit	State MI	Zip Code 48201-1528
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer Wayne State University	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>765.00</b>
<b>TOTAL</b> 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 33 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Gregory V Hazelett, DO		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 109B S Maya Trl Ste 303		Transaction ID: 17965798
City Pikeville	State KY	Zip Code 41501-1575
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr John F Kretan, MD		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 48 Prince St Ste 601		Transaction ID: 17965773
City New Haven	State CT	Zip Code 06519-1634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Glen Y Yoshida, MD		Date of Receipt M / D / Y 03 / 03 / 2004
Mailing Address 1079 Harvest Ln NE		Transaction ID: 17965791
City Thompson	State ND	Zip Code 58278-9408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 730.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 730.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1115.00</b>
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 34 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Jeffrey D Le Benger, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 03 / 2004
Mailing Address 120 Summitt Avenue		Transaction ID: 17985796
City	State	Zip Code
Summit	NJ	07801-2804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Summitt Medical Group	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr J David Osgulhope, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 135 Rutledge Street #25055D		Transaction ID: 18076161
City	State	Zip Code
Charleston	SC	29425-8803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Medical University of South Carolina	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jones T Johnson, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 18 / 2004
Mailing Address 200 Lothrop Street Suite 500		Transaction ID: 18076149
City	State	Zip Code
Pittsburgh	PA	15213-2548
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Pittsburgh	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> 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 35 / 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Rick G Love, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 8912 Winton Blount Blvd Apt 7		Transaction ID: 18076162
City Montgomery	State AL	Zip Code 36117-3555
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alice H Morgan, MD PhD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 194B Alabama Highway 157 Suite 410		Transaction ID: 18076334
City Cullman	State AL	Zip Code 35058-1267
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Scott A. McNamara, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 2141 K Street, NW Suite 3D1 A		Transaction ID: 18076335
City Washington	State DC	Zip Code 20037-1810
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 36 / 56  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Paul W Loeffler, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address PD Box 1824		Transaction ID: 18076187
City Aransas Pass	State TX	Zip Code 78335-1824
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Douglas Liepert, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 1201 Millstone Ct		Transaction ID: 18076184
City Saint Cloud	State MN	Zip Code 56303-9568
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Fred D Owens, MD</b>		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address Barnett Twr Ste 1103 3600 Gaston Ave		Transaction ID: 18076148
City Dallas	State TX	Zip Code 75248-1800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> 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 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr James S Denninghoff, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 3401 Berrywood Drive Suite 201		Transaction ID: 18076158
City Columbia	State MO	Zip Code 65201-6515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Mark E Boston, MD		Date of Receipt M / D / Y 03 / 18 / 2004
Mailing Address 3333 Burnet Avenue		Transaction ID: 18076185
City Cincinnati	State OH	Zip Code 45229-3039
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Childrens Hospital Medical Center	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Leonard J Newton, MD		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 2 Ascot Pl		Transaction ID: 18125123
City Ithaca	State NY	Zip Code 14850-1072
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1000.00</b>
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 38 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. James A Hadley, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 1085 Senator Keating Boulevard Suite 210		Transaction ID: 18126508
City Rochester	State NY	Zip Code 14618-2688
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Stephen A Smith, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 290 Baker Avenue Suite N101		Transaction ID: 18125124
City Concord	State MA	Zip Code 01742-2193
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Charles F Koopmann, Jr MD MHA</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 2514 Hawthorne Rd		Transaction ID: 18125892
City Ann Arbor	State MI	Zip Code 48104-4032
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> 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 38 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Helen F Krause, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 9104 Babcock Boulevard, Suite 4110 Passavant Professional Building		Transaction ID: 18125696
City Pittsburgh	State PA	Zip Code 15237-5866
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer University of Pittsburgh	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert H Maisel, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 8721 Westmoreland Lane		Transaction ID: 18124656
City Minneapolis	State MN	Zip Code 55426-1934
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mayo Clinic	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Stephen M Froman, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 214 Parliament Dr		Transaction ID: 18126294
City Coraopolis	State PA	Zip Code 15108-5247
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1000.00</b>
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 40 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Richard W Waguespack, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 121D Cheval Lane		Transaction ID: 18125694
City Birmingham	State AL	Zip Code 35216-2037
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Jacquelyn A Going, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 110 Medical Lane E Suite 220		Transaction ID: 18126293
City West Columbia	State SC	Zip Code 29169-4817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Carolina Ear Nose and Throat	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. B Todd Schaeffer, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 3003 New Hyde Park Road Suite 408		Transaction ID: 18123333
City New Hyde Park	State NY	Zip Code 11042-1214
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> 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 41 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Marc D Maslov, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 10 / 2004	
Mailing Address PD Box 545		Transaction ID: 18123330	
City Seneca	State PA	Zip Code 16346-0545	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: Primary          General Other (specify) ▼		500.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Pedro J Rullan, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 10 / 2004	
Mailing Address PD Box 11804		Transaction ID: 18124259	
City San Juan	State PR	Zip Code 00922-1804	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: Primary          General Other (specify) ▼		500.00	

Full Name (Last, First, Middle Initial) <b>C. Michael J Gurchant, MD</b>		Date of Receipt M / D / Y Y Y Y 03 / 10 / 2004	
Mailing Address 201 D 59th St W Ste 3500		Transaction ID: 18076615	
City Bradenton	State FL	Zip Code 34209-4888	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼	
Receipt For: Primary          General Other (specify) ▼		730.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1365.00</b>
<b>TOTAL</b> 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 42 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Sanford M Archer, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 800 Rose Street Department of Otolaryngology, Room		Transaction ID: 18124254
City Lexington	State KY	Zip Code 40536-0283
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer University of Kentucky	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr J Pablo Stalovitzky, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 1141 Empire Rd NE		Transaction ID: 18126511
City Atlanta	State GA	Zip Code 30329-3844
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Sujana S Chandrasekhar, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address Mount Sinai School of Medicine Department of Otolaryngology		Transaction ID: 18124257
City New York	State NY	Zip Code 10029-6500
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Mount Sinai School of Medicine	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>900.00</b>
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 43 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Jerry M Schreiberstein, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 2 Medical Center Driver Suite 110		Transaction ID: 18123335
City Springfield	State MA	Zip Code 01107-1271
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer ENT Associates of Springfield	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dr Jay S Youngerman, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 875 Old Country Rd Ste 100		Transaction ID: 18125698
City Plainview	State NY	Zip Code 11803-4834
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Oscar L Alonso, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 491B Lee Ave		Transaction ID: 18128512
City Downers Grove	State IL	Zip Code 60515-3315
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
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 44 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Stephen Gedomski, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 1307 White Horse Road Building A		Transaction ID: 18077031
City Yorbahees	State NJ	Zip Code 08043-2176
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Professional Otolaryngology Associates	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David W Stepiak, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address Lakeside 7119B Univ Hosp of Cleveland		Transaction ID: 18124256
City Cleveland	State OH	Zip Code 44106-1736
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of Hospital of Cleveland	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Katherine D Prinz, MD</b>		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 789 N 58th St		Transaction ID: 18076608
City Omaha	State NE	Zip Code 68132-2003
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>965.00</b>
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 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) A. Dr Daniel H Morrison, MD		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 2211 Lomas Boulevard, NE, ACC 2		Transaction ID: 18077028
City	State	Zip Code
Albuquerque	NM	87131-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer University of Medico	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr Bennie L Jarvis, MD		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address 804 English Rd Ste 200		Transaction ID: 18076892
City	State	Zip Code
Rocky Mount	NC	27804-6023
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr Michael K Hurst, MD DDS		Date of Receipt M / D / Y 03 / 19 / 2004
Mailing Address Medical Center Drive Department of Otolaryngology		Transaction ID: 18124883
City	State	Zip Code
Morgantown	WV	26508-9200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer University of West Virgin- ia	Occupation Physician	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary      General Other (specify) ▼		

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 46 / 56

(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Vincent F Hannabia, MD</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 2101 S Cynthia St		Transaction ID: 18076614
City McAllen	State TX	Zip Code 78503-1294
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr Robert A Glazer, MPA</b>		Date of Receipt M / D / Y 03 / 10 / 2004
Mailing Address 560 White Plains Road		Transaction ID: 18124664
City Tarrytown	State NY	Zip Code 10591-5113
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 4500.00
Name of Employer ENT and Allergy Associates	Occupation	Aggregate Year-to-Date ▼ 4500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr George G Kitchens, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 2055 E South Boulevard, Suite 808		Transaction ID: 18128218
City Montgomery	State AL	Zip Code 36116-2007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer Kitchens, Chapman and Anderson	Occupation Physician	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5165.00</b>
<b>TOTAL</b> 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 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. John A Devany, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 203D Mount Vernon Ave		Transaction ID: 18128011
City Toledo	State OH	Zip Code 43607-1544
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Retired	Occupation Physician	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joseph E Leonard, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 4725 Sundance Court		Transaction ID: 18128121
City Norman	State OK	Zip Code 73072-3800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Dr Gregory V Hazlett, DO</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 109B S Mayo Trl Sta 303		Transaction ID: 18128010
City Pikeville	State KY	Zip Code 41501-1575
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1365.00</b>
<b>TOTAL</b> 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 48 / 56  
(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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Dr Joseph L Petrusak, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address 710 Sunset Dr		Transaction ID: 18128239
City La Grande	State OR	Zip Code 97850-1200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr James M Dobbin, MD</b>		Date of Receipt M / D / Y 03 / 31 / 2004
Mailing Address Middletown Commons B-9 850 Aquidneck Ave		Transaction ID: 18128008
City Middletown	State RI	Zip Code 02842-7244
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	500.00
TOTAL This Period (last page this line number only) .....	▶	48505.00



**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)

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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

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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial) <b>A. Richard E Neal Committee</b>		Transaction ID: 18181194 Date of Disbursement 01 / 07 / 2004	
Mailing Address P O Box 2884		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20013	Purpose of Disbursement	011 Category/ Type	
Candidate Name Richard E Neal			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA      District 2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donald Manzullo For Congress</b>		Transaction ID: 18181199 Date of Disbursement 03 / 01 / 2004	
Mailing Address 792 E Lightsville Rd		Amount of Each Disbursement this Period 2500.00	
City Egan State IL Zip Code 61047	Purpose of Disbursement	011 Category/ Type	
Candidate Name Donald Manzullo			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL      District 16	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Re-elect Nancy Johnson to Congress</b>		Transaction ID: 18181171 Date of Disbursement 03 / 29 / 2004	
Mailing Address 141 South Mountain Drive		Amount of Each Disbursement this Period 1000.00	
City New Britain State CT Zip Code 06052	Purpose of Disbursement	011 Category/ Type	
Candidate Name Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT      District 6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 50 / 56

<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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial)  
**A. Norwood for Congress**

Mailing Address P.O. Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name  
Charlie Norwood

Office Sought:  House  Senate  President  
State: GA District 10

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 18181177  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Hall for Congress Committee**

Mailing Address 1500 Sunset Hill

City Rockwall State TX Zip Code 75087

Purpose of Disbursement

Candidate Name  
Ralph M. Hall

Office Sought:  House  Senate  President  
State: TX District 4

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 18181186  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Hoyer For Congress**

Mailing Address 870 Parlett Morgan Road

City Mechanicsville State MD Zip Code 20859

Purpose of Disbursement

Candidate Name  
Steny H. Hoyer

Office Sought:  House  Senate  President  
State: MD District 5

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 18181187  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
2500.00

011  
Category/  
Type

**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)

PAGE 51 / 56

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

Full Name (Last, First, Middle Initial)  
A. John Tierney For Congress

Mailing Address 15 Linden Avenue

City Salem State MA Zip Code 01970

Purpose of Disbursement

Candidate Name  
John F. Tierney

Office Sought:  House  
Senate  
President  
State: MA District 6

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181181  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Mike McIntyre For Congress

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28350

Purpose of Disbursement

Candidate Name  
Mike McIntyre

Office Sought:  House  
Senate  
President  
State: NC District 7

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181180  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name  
Carolyn McCarthy

Office Sought:  House  
Senate  
President  
State: NY District 4

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181190  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

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)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

Full Name (Last, First, Middle Initial)  
A. Pallone for Congress Committee

Mailing Address P O Box 3178

City Long Beach State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name  
Frank Pallone

Office Sought:  House  
Senate  
President  
State: NJ District 6

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181183  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Ron Kind for Congress Committee

Mailing Address P.O. Box 184

City LaCrosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
Ron Kind

Office Sought:  House  
Senate  
President  
State: WI District 3

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181182  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. The Mike Rogers Fund

Mailing Address 124 W. Allegan Street

City Lansing State MI Zip Code 48933

Purpose of Disbursement

Candidate Name  
Michael J. (Mik Rogers)

Office Sought:  House  
Senate  
President  
State: MI District 8

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181193  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

2500.00

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)

PAGE 53 / 56

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

Full Name (Last, First, Middle Initial)  
**A. Wyden For Senate**

Mailing Address P.O. Box 3498

City Portland State OR Zip Code 97208

Purpose of Disbursement

Candidate Name  
Sen. Ron Wyden

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: OR District 1 Other (specify) ▼

Transaction ID: 18181173  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Michael Burgess For Congress**

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name  
Rep. Michael Burgess

Office Sought:  House Disbursement For: 2004  
 Senate X Primary X General  
 President  
 State: TX District 26 Other (specify) ▼

Transaction ID: 18181179  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Georgians For Isakson**

Mailing Address 6000 Lake Forest Drive #102

City Atlanta State GA Zip Code 30328

Purpose of Disbursement

Candidate Name  
Rep. Johnny Isakson

Office Sought:  House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: GA District 6 Other (specify) ▼

Transaction ID: 18181176  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
4000.00

011  
Category/  
Type

**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 54 / 56

<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, Inc (ENT PAC)

**A. Grassley Committee**

Full Name (Last, First, Middle Initial)  
Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement

Candidate Name  
Sen. Charles Grassley

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President Other (specify) ▼

State: IA District 1

Transaction ID: 18181174  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**B. Price For Congress**

Full Name (Last, First, Middle Initial)  
Price For Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name  
Mr. Thomas Price

Office Sought:  House Disbursement For: 2004  
 Senate X Primary General  
 President Other (specify) ▼

State: GA District B

Transaction ID: 18181188  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
2500.00

011  
Category/  
Type

**C. John Sullivan For Congress**

Full Name (Last, First, Middle Initial)  
John Sullivan For Congress

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement

Candidate Name  
Rep. John Sullivan

Office Sought:  House Disbursement For: 2004  
 Senate X Primary General  
 President Other (specify) ▼

State: OK District 1

Transaction ID: 18181172  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
1000.00

011  
Category/  
Type

**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)

PAGE 55 / 56

<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, Inc (ENT PAC)

Full Name (Last, First, Middle Initial)  
A. Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name  
Mr. Richard Burr

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: NC District 2 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181175  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)  
B. Friends Of Byron Dorgan

Mailing Address PO Box 871

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name  
Sen. Byron Dorgan

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: ND District 2 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181178  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Nethercutt For Senate

Mailing Address 801 W Riverside #1800

City Spokane State WA Zip Code 99201

Purpose of Disbursement

Candidate Name  
Mr. George Nethercutt

Office Sought: House Disbursement For: 2004  
 Senate X Primary General  
 President  
 State: WA District 2 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 18181184  
Date of Disbursement

03 / 29 / 2004

Amount of Each Disbursement this Period

2500.00

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)

PAGE 56 / 56

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)

Full Name (Last, First, Middle Initial)  
A. Friends Of Bobby Jindal Inc

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement

Candidate Name Mr. Bobby Jindal

Office Sought:  House  Senate  President  
State: LA District D

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 18181185  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
2500.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
B. Westmoreland For Congress

Mailing Address 25 Brett'S Bend

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement

Candidate Name Lynn Westmoreland

Office Sought:  House  Senate  President  
State: GA District B

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 18181181  
Date of Disbursement  
03 / 29 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....	▶	4500.00
TOTAL This Period (last page this line number only) .....	▶	43500.00