

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

ADDRESS (number and street) 1650 Diagonal Road Alexandria VA 22314

2. FEC IDENTIFICATION NUMBER C C00306449 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2018 through 08 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Denneny III, C., James, MD Type or Print Name of Treasurer

Signature of Treasurer Denneny III, C., James, MD [Electronically Filed] Date 09 / 20 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="44062.85"/>	<input type="text" value="44062.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="68718.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12396.85"/>	<input type="text" value="118315.44"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="81115.62"/>	<input type="text" value="162378.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18068.28"/>	<input type="text" value="99330.95"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="63047.34"/>	<input type="text" value="63047.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10500.41	100047.41
(ii) Unitemized	1890.41	11729.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12390.82	111776.70
(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)	12390.82	111776.70
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	6500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	6.03	38.74
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	12396.85	118315.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12396.85	118315.44

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	568.28	4624.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	568.28	4624.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	92500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	2206.19
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18068.28	99330.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18068.28	99330.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	12390.82	111776.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12390.82	111776.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	568.28	4624.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	568.28	4624.76

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Sataloff, Robert, T., MD, DMA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 W. Lodges Lane

City Bala Cynwyd	State PA	Zip Code 19004-2646
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Philadelphia Ear, Nose and Throat Asso	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

Transaction ID : 9791933

Amount of Each Receipt this Period
535.00

Memo Item

B. Schmidt, Jonathan, L., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 South Prestwick Ln

City Yorktown	State IN	Zip Code 47396-9504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Muncie Otolaryngology Associates PC	Occupation (for Individual) Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2018

Transaction ID : 9791939

Amount of Each Receipt this Period
1000.00

Memo Item

C. Wetmore, Ralph, F., MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34th Street & Civic Center Bouleva
ENT 1 Wood Center

City Philadelphia	State PA	Zip Code 19104-4399
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of Philadelphia Pe	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

Transaction ID : 9818883

Amount of Each Receipt this Period
365.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. McLellan Abbott, Megan, E., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 Wayside
 City North Yarmouth State ME Zip Code 04097-6240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Hospital of the University of Pennsylv Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9818892
 Amount of Each Receipt this Period 535.00
 Memo Item

B. Golden, Lindsay, I., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 W Diamond Ave Ste 120
 City Gaithersburg State MD Zip Code 20878-1417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montgomery Oto Consultants PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9818894
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Hanson, Ronald, D., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1528 Northway Dr
 City Saint Cloud State MN Zip Code 56303-1255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Cloud Ear Nose and Throat Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9818897
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1265.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Francis, Howard, W., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2616 Erwin Rd
 Apartment 2449
 City Durham State NC Zip Code 27705-3895
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins University Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 17 / 2018
Transaction ID : 9818898
 Amount of Each Receipt this Period 535.00
 Memo Item

B. Youssef, Jan, S., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Force Hill Rd
 City Livingston State NJ Zip Code 07039-1505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENT Center of NJ Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2018
Transaction ID : 9831399
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Patel, Sundip, H., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 783 N. Denton Tap Rd
 Suite 200
 City Coppell State TX Zip Code 75019-2171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENT for Children, PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 01 / 2018
Transaction ID : 9831403
 Amount of Each Receipt this Period 365.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Phillips, Thomas, E., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 N Patterson St

City Valdosta	State GA	Zip Code 31602-1720
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ENT & Allergy Assoc of S GA	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2018

Transaction ID : 9831405

Amount of Each Receipt this Period
535.00

Memo Item

B. Handler, Steven, D., , MD, MBE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34th Street & Civic Center Bouleva
ENT 1 Wood Center

City Philadelphia	State PA	Zip Code 19104-4399
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Children's Hospital of Philadelphia Pe	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2018

Transaction ID : 9831419

Amount of Each Receipt this Period
300.00

Memo Item

C. Setzen, Gavin, , , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Whitestone Way

City Slingerlands	State NY	Zip Code 12159-9325
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Albany ENT & Allergy Services PC	Occupation (for Individual) Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2018

Transaction ID : 9833067

Amount of Each Receipt this Period
175.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bouvier, Phyllis, B., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept of Head and Neck Surgery
 2045 Franklin St
 City Denver State CO Zip Code 80205-5437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Health Care Franklin Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **08 / 05 / 2018**
Transaction ID : 9833070
 Amount of Each Receipt this Period **35.00**
 Memo Item

B. Froman, Stephen, M., MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 Ohio River Blvd Ste 202A
 City Sewickley State PA Zip Code 15143-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Froman, Orsini, Rago & Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt **08 / 05 / 2018**
Transaction ID : 9833071
 Amount of Each Receipt this Period **35.00**
 Memo Item

C. Joe, Stephanie, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1855 W Taylor St Ste 2 # 42
 Dept of Oto-Hns (mc 648)
 City Chicago State IL Zip Code 60612-7243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ of Illinois at Chicago Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **328.00**

Date of Receipt **08 / 05 / 2018**
Transaction ID : 9833072
 Amount of Each Receipt this Period **41.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	111.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Ishii, Lisa, E., , MD, MHS
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Ivey Trace Ct
 City Cockeysville State MD Zip Code 21030-1713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins Univ Med Inst Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833078
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Winicki, Raymond, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 171 Grandview Avenue, Suite 201
 City Waterbury State CT Zip Code 06708-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Naugatuck Valley Ear Nose and Throat A Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 672.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833081
 Amount of Each Receipt this Period 84.00
 Memo Item

C. Chaiet, Scott, R., , MD, MBA
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 232 31st Avenue North
 City Nashville State TN Zip Code 37203-1205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Regional One Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833082
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 154.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Poje, Christopher, P., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3580 Sheridan Drive, Suite 115
 City Amherst State NY Zip Code 14226-1647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatric ENT Associates Occupation (for Individual) Asst Prof./ OTO & Peds
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833083
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Bowe, Sarah, N., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Berlin St Apt 3
 City Quincy State MA Zip Code 02170-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) San Antonio Military Health System Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833084
 Amount of Each Receipt this Period 35.00
 Memo Item

C. Bond, William, R., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13228 Moonlight Trail Drive
 City Silver Spring State MD Zip Code 20906-6712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) William R Bond Jr MD LLC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833090
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Ishman, Stacey, L., , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8130 Margaret Lane
 City Montgomery State OH Zip Code 45242-5308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cincinnati Childrens Hospital Medical Occupation (for Individual) Assistant Professor of Otolaryngology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 05 / 2018
Transaction ID : 9833096
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Cordero, Joeassin, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Dept Of OTO-HNS 3601 4th St Stop 8312
 City Lubbock State TX Zip Code 79430-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Tech Univ Health Sci Center Occupation (for Individual) Assistant Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 07 / 2018
Transaction ID : 9833101
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Magnuson, J. Scott, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 Celebration Place Ste 305
 City Celebration State FL Zip Code 34747-5436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Head and Neck Surgery Center of Florid Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 08 / 2018
Transaction ID : 9833106
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	565.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 23
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Eisenberg, Lee, D., , MD, MPH
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 433 Hackensack Ave
 Suite 204
 City Hackensack State NJ Zip Code 07601-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENT and Allergy Associates Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9833108
 Amount of Each Receipt this Period 100.00
 Memo Item

B. McClinton, Mark, E., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Northside Drive NW
 City Atlanta State GA Zip Code 30305-1908
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwest ENT Surgery Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 09 / 2018
Transaction ID : 9833322
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Stroschein, Mariel, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Specialty Clinic
 4212 N. 16th Street
 City Phoenix State AZ Zip Code 85016-5319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) District Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 10 / 2018
Transaction ID : 9833324
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	565.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Woodward, Troy, D., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34194 Aurora Rd.
 City Solon State OH Zip Code 44139-3801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cleveland Clinic Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt 08 / 10 / 2018
Transaction ID : 9833329
 Amount of Each Receipt this Period 30.41
 Memo Item

B. Malhotra, Prashant, Solanki, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4223 Clairmont Rd
 City Upper Arlington State OH Zip Code 43220-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nationwide Children's Hospital Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 10 / 2018
Transaction ID : 9833332
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Moorhead, John, Cary, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 W Friar Tuck Ln
 City Houston State TX Zip Code 77024-3606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas ENT Specialists Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt 08 / 14 / 2018
Transaction ID : 9833338
 Amount of Each Receipt this Period 535.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	615.41
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

A. Eriksen, Christopher, M., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 E Elizabeth St Ste 101
 City Fort Collins State CO Zip Code 80524-4044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alpine Ear Nose and Throat Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 15 / 2018
Transaction ID : 9833721
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. LaVigne, Mark, K., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 Berwick Dr Ste B
 City Laurinburg State NC Zip Code 28352-5550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Laurinburg ENT Clinic PA Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 21 / 2018
Transaction ID : 9833724
 Amount of Each Receipt this Period 365.00
 Memo Item

C. Rashleigh, Stephen, P., , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 Frederick St
 City Savannah State GA Zip Code 31405-4501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ENT Assc of Savannah PC Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2018
Transaction ID : 9833725
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ulrich, John, Martin, , DO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9463 Holly Rd Ste 100

City Grand Blanc	State MI	Zip Code 48439-2557
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Michigan Otolaryngology Associates	Occupation (for Individual) Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2018

Transaction ID : 9833726

Amount of Each Receipt this Period
250.00

Memo Item

B. Trimmer, Joy, L., , JD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6523 Old Carriage Drive

City Alexandria	State VA	Zip Code 22315-5038
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Otolaryngology-HNS	Occupation (for Individual) Sr. Director, Member Networks and Leq
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2018

Transaction ID : 9833727

Amount of Each Receipt this Period
45.00

Memo Item

C. Denny, James, C., , MD
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1650 Diagonal Rd

City Alexandria	State VA	Zip Code 22314-2857
--------------------	-------------	------------------------

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

Name of Employer (for Individual) American Academy of Otolaryngology - H	Occupation (for Individual) Physician/CEO
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2018

Transaction ID : 9833728

Amount of Each Receipt this Period
535.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	830.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 23
(check only one)

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

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

A. Farrell, Maura, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5705 Sherier Place NW

City Washington	State DC	Zip Code 20016-5321
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AAO-HNS	Occupation (for Individual) Director, Advocacy
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
08 / 29 / 2018

Transaction ID : 9833734

Amount of Each Receipt this Period
365.00

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	10500.41

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Edonation

Mailing Address 118 N Saint Asaph St

City Alexandria State VA Zip Code 22314-3110

Purpose of Disbursement
Payment to eDonation

Category/
Type

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

FEC Identification Number

Transaction ID : 9833860

Amount of Each Disbursement this Period

Memo Item
Payment to eDonation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement

Category/
Type

Candidate Name
Buchanan, Vern, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: FL District: 16

Date of Disbursement
M M / D D / Y Y Y Y Y Y
08 / 30 / 2018

FEC Identification Number
C C00412759
Transaction ID : 9819754
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Buddy Carter For Congress

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement

Category/
Type

Candidate Name
Carter, Buddy, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: GA District: 01

Date of Disbursement
M M / D D / Y Y Y Y Y Y
08 / 30 / 2018

FEC Identification Number
C C00543967
Transaction ID : 9819806
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lance For Congress

Mailing Address PO Box 999

City Edison State NJ Zip Code 08818

Purpose of Disbursement

Category/
Type

Candidate Name
Lance, Leonard, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NJ District: 07

Date of Disbursement
M M / D D / Y Y Y Y Y Y
08 / 30 / 2018

FEC Identification Number
C C00444224
Transaction ID : 9819807
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2020 Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2018

Mailing Address 228 S Washington Street
Suite 115

FEC Identification Number

C	C00383745
---	-----------

City Alexandria State VA Zip Code 22314

Transaction ID : 9819808

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Alexander, Lamar, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TN District:

Memo Item

Full Name (Last, First, Middle Initial)

B. Walorski For Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2018

Mailing Address PO Box 954

FEC Identification Number

C	C00468579
---	-----------

City Mishawaka State IN Zip Code 46546

Transaction ID : 9819809

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Walorski, Jackie, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IN District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		30		2018

Mailing Address PO Box 100

FEC Identification Number

C	C00313510
---	-----------

City Teaneck State NJ Zip Code 07666

Transaction ID : 9819810

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Pascrell, William, J., Rep., Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: NJ District: 09

Memo Item

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Paul Tonko For Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement

011

Category/
Type

Candidate Name

Tonko, Paul, David, Rep.,

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00450049

Transaction ID : 9819911

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Stivers For Congress

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement

011

Category/
Type

Candidate Name

Stivers, Steve, , Rep.,

Office Sought: House
 Senate
 President
State: OH District: 15

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00441352

Transaction ID : 9819912

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy For Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement

011

Category/
Type

Candidate Name

McCarthy, Kevin, , Rep.,

Office Sought: House
 Senate
 President
State: CA District: 23

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00420935

Transaction ID : 9819913

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Full Name (Last, First, Middle Initial)

A. Brady For Congress

Mailing Address PO Box 8277

City
The Woodlands

State
TX

Zip Code
77387

Purpose of Disbursement

011

Category/
Type

Candidate Name

Brady, Kevin, Patrick, Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: TX

District: 08

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00311043

Transaction ID : 9819914

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Andy Harris For Congress

Mailing Address PO Box 426

City
Stevensville

State
MD

Zip Code
21666

Purpose of Disbursement

011

Category/
Type

Candidate Name

Harris, Andy, , Rep.,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify)

State: MD

District: 01

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2018

FEC Identification Number

C C00435974

Transaction ID : 9819916

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

17500.00