

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 29 A 9:20

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)	2. FEC IDENTIFICATION NUMBER C00308449
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported One Prince Street	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Alexandria, VA 22314	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(Type of Election)
- election on 11 In the State of _____
- Thirtieth day report following the General Election on _____
In the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 81,963.51
(b) Cash on Hand at Beginning of Reporting Period	\$ 84,671.15	
(c) Total Receipts (from Line 19)	\$ 14,885.00	\$ 83,969.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 99,336.15	\$ 176,932.71
7. Total Disbursements (from Line 20)	\$ 35,000.00	\$ 111,598.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 64,336.15	\$ 64,336.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 G. Richard Holt MD, MPH / John R. Williams Assistant Treasurer	
Signature of Treasurer 	Date 10/24/00

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

[revised 1/1/91]

NAME OF COMMITTEE		REPORT COVERING PERIOD		
American Academy of Otolaryngology-Head and Neck Surgery, Inc (ENT PAC)		FROM	TO:	
		10/01/00	10/18/00	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
	I. Itemized (use Schedule A)	7,955.00	54,097.00	11(a)(1)
	E. Unitemized	6,710.00	39,536.50	11(a)(2)
	II. Total (add i and II) >	14,665.00	93,633.50	11(a)(3)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a iii, b and c) >	14,665.00	93,633.50	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	315.70	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,665.00	93,969.20	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	14,665.00	93,969.20	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0.00	0.00	21(a)(1)
	ii. Non-Federal Share	0.00	0.00	21(a)(2)
b.	Other Federal Operating Expenditures	0.00	101.30	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	101.30	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	35,000.00	111,454.26	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
	a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
	b. Political Party Committees	0.00	0.00	28(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
	d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	41.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	35,000.00	111,596.56	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	35,000.00	111,596.56	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	14,665.00	93,633.50	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	14,665.00	93,633.50	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	101.30	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	101.30	37

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A Martin MD 18 Doctors Park Cape Girardeau, MO 63703-4928	SEMO Otolaryngology, Inc.	10/03/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
Michael J Murray MD 1553 Matthew Dr Fort Myers, FL 33907-1734	self-employed	10/03/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Hugh E Hetherington MD 925 Highland Blvd Ste 1160 Bozeman, MT 59715-6905	self-employed	10/03/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Meredith K L Pang MD 1834 Nuuanu Ave Ste 105 Honolulu, HI 96817-2427	Self employed	10/03/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 400.00	
Richard E Sterling MD Ear Nose & Throat 2221 Saint Matthews Rd NE Orangeburg, SC 29118-2040	Sterling Ear Nose and Throat	10/03/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 730.00	
Joseph G Feghall MD 170 E End Ave New York, NY 10128-7603	Self Employed	10/03/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
William J Dichtel MD 102 Highland Ave SE Ste 104 Roanoke, VA 24013-2265	Head and Neck Medicine in SU	10/03/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	

SUBTOTAL of Receipts This Page (optional)	2,310.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code Brian L Matthews MD Dept of Otolaryngology Wake Forest Univ Bapt Med Ctr Winston Salem, NC 27157-1034	Name of Employer Wake Forest University	Date (month, day, year) 10/03/00	Amount of Each Receipt This Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Erlan C Duus MD 5804 SW Lee Blvd Ste 310 Lawton, OK 73605-9663	Name of Employer Self Employed	Date (month, day, year) 10/03/00	Amount of Each Receipt This Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Joseph E Leonard MD FACS 900 N Porter Ave Ste 209 Norman, OK 73071-6485	Name of Employer Oklahoma Otolaryngology Associates	Date (month, day, year) 10/03/00	Amount of Each Receipt This Period 260.00
	Occupation Physician	Aggregate Year-to-Date > \$ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Alice H Morgan MD PhD PO Box 1267 Cullman, AL 35056-1267	Name of Employer self-employed	Date (month, day, year) 10/09/00	Amount of Each Receipt This Period 300.00
	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Donald J Wittich Jr MD 2116 Data Park Birmingham, AL 35244-1203	Name of Employer Hoover ENT Associates	Date (month, day, year) 10/09/00	Amount of Each Receipt This Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Shrikant Rishi MD FACS 6 Country Club Rd Shawnee, OK 74801-6650	Name of Employer Shawnee Medical Center Clinic	Date (month, day, year) 10/09/00	Amount of Each Receipt This Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Stanley C Cox III MD Pinehurst Surgical Clinic PO Box 2000 Pinehurst, NC 28370-2000	Name of Employer Pinehurst Surgical Clinic	Date (month, day, year) 10/09/00	Amount of Each Receipt This Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	2,376.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code J Turner Wright MD 1001 S. Tenth Street, Suite G McAllen, TX 78501	Name of Employer Self Employed	Date (month, day, year) 10/09/00	Amount of Each Receipt this Period 366.00
	Occupation Physician	Aggregate Year-to-Date > \$ 730.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code David Awerbuck MD 877 Balboa Ave Pacific Grove, CA 93950-2201	Name of Employer Central Coast Head and Neck	Date (month, day, year) 10/09/00	Amount of Each Receipt this Period 265.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Ronald S Bogdasarian MD Reichert Hlth Bldg Ste 2017 5333 McAuley Dr Ann Arbor, MI 48105-0994	Name of Employer self-employed	Date (month, day, year) 10/09/00	Amount of Each Receipt this Period 366.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Brian P Farrell MD 18001 108th Ave # 1 Orland Park, IL 60467-5354	Name of Employer self-employed	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Roberto Larrivay MD 503 E Main St Owosso, MI 48867-3140	Name of Employer Self Employed	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Junior De Freitas MD PO Box 43 Gaffney, SC 29342-0043	Name of Employer Self Employed	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 365.00
	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Dennis L Drazin MD 195 N Village Ave Ste 100 Rockville Centre, NY 11570-3810	Name of Employer Diplomate American Board of Otolaryngology	Date (month, day, year) 10/17/00	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **2,340.00**

TOTAL This Period (last page this line number only)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley L Bise MD Hayes St Prof Bldg 96 Hayes St Ste 201 Crossville, TN 38555-8007	self-employed	10/17/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James A Stankiewicz MD Loyola Univ Medical Ctr Dept of Otolaryngology Maywood, IL 60153-3304	Loyola University Medical Center	10/17/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ewen Y Tseng MD 3809 W 15th St Bldg 700 Plano, TX 75075-7790	Self Employed	10/17/00	365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 365.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	930.00
TOTAL This Period (last page this line number only)	7,955.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	4,000.00
B. Full Name, Mailing Address and ZIP Code Steve Largent for Congress Committee 2424 East 21st Street Suite B-100 Tulsa, OK 74114	Steve Largent, U.S. HOUSE 1st OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Norwood for Congress P.O. Box 499 Evans, GA 30809	Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Baesler for Congress Committee P O Box 2147 Lexington, KY 40595-2147	Scott Baesler, U.S. HOUSE 6th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,500.00
E. Full Name, Mailing Address and ZIP Code Weyand Committee P O Box 78128 Warwick, RI 02887	Bob Weyand, U.S. Senate Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,500.00
F. Full Name, Mailing Address and ZIP Code Richard E Neal Committee P O Box 2884 Washington, DC 20013	Richard Neal, U.S. House (MA-2nd) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Congressman Joe Barton Comm. P.O. Box 1444 Ennis, TX 75120	Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Ft Lauderdale, FL 33303	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Tammy Baldwin for Congress P O Box 695 Madison, WI 53701	Tammy Baldwin, U.S. HOUSE 2nd WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Todd Akin for Congress P.O. Box 31222 St. Louis, MO 63131-1222	Akin, U.S. HOUSE 2nd MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	500.00
Steve Rothman for Congress P.O. Box 714 Hackensack, NJ 07602	Steven R. Rothman, U.S. HOUSE 9th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	500.00
Texans For Lamar Smith 2231 Rayburn House Office Building Washington, DC 20515	Lamar Smith, U.S. HOUSE 21st TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	500.00
Friends of Jim Maloney 240 Main Street Danbury, CT 06810	Jim Maloney, U.S. HOUSE 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	500.00
Nelson 2000 1915 North 121st Street Suite B Omaha, NE 68154	U.S. Senate Candidate, Nebraska Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	1,000.00
Stupak For Congress 4101 Michigan Shores Drive Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	1,000.00
Joe Lieberman 2000 238 Massachusetts Ave NE Suite 202 Washington, DC 20002	Joe Lieberman, U.S. Senate Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	1,000.00
Tibari 2000 2021 E Dublin Granville Road Suite 2000 Columbus, OH 43229	Tibari, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	1,000.00
Paul Perry for Congress P.O. Box 5453 Evansville, IN 47716	Paul Perry, MD, IN, 8th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	3,000.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 3 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ted Strickland for Congress Committee P O Box 580 Lucasville, OH 45648	Ted Strickland, U.S. HOUSE 6th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	2,000.00
Todd Akin for Congress P.O. Box 31222 St. Louis, MO 63131-1222	Akin, U.S. HOUSE 2nd, MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Citizens to Elect Rick Larsen P O Box 326 Everett, WA 98206	Rick Larsen, U.S. House WA 2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Vic Snyder for Congress Committee 1020 West 3rd Street Little Rock, AR 72201	Vic Snyder, House, AR, 2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Ric Keller for Congress P.O. Box 1453 Orlando, FL 32802-1453	Ric Keller, House, FL, 6th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Hoyer For Congress 970 Parlett Morgan Road Mechanicville, MD 20659	Stany H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Loy Sneary for Congress 317 Massachusetts Ave Suite 200 Washington, DC 20002	Loy Sneary, House, TX, 14th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Nita Lowey For Congress 105 Beverly Rd Harrison, NY 10580	Nita M. Lowey, U.S. HOUSE 18th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
Andrews For Congress Committee 216 Fourth Avenue Haddon Heights, NJ 08035	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	500.00

SUBTOTAL of Disbursements This Page (optional)

9,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Kent Conrad P O Box 812 Bismarck, MD 58502	Kent Conrad, U.S. Senate Candidate North Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/15/00	500.00
B. Full Name, Mailing Address and ZIP Code Citizens for Tom Harkin 428 C Street NE Rear Building Washington, DC 20002	Tom Harkin, U.S. Senate Candidate Iowa Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Tom Davis For Congress 3304 Juniper Way Falls Church, VA 22044	Thomas M. Davis, U.S. HOUSE 11th VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/16/00	2,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,500.00

TOTAL This Period (last page this line number only)

35,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>10-26-00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>dmw</i> PREPARER	<i>10-29-00</i> DATE PREPARED