

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)

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☒ 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 ENT PAC

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

A. Boisoeneau, David, S., , MD

Mailing Address 201 Boston Post Rd

City
Waterford

State
CT

Zip Code
06385-2805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ENT Associates of SECT

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2019

Transaction ID : 10368302

Amount of Each Receipt this Period

85.00

☐ Memo Item

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

B. Bond, William, R., , MD

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2019

Transaction ID : 10368303

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

c. Ishman, Stacey, L., , MD, MPH

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

Occupation (for Individual)
Assistant Professor of Otolaryngology

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 05 / 2019

Transaction ID : 10368304

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

220.00