

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

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

FOR LINE NUMBER: PAGE 7 OF 25

(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 ENT PAC**

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

**A. Eisenberg, Lee, D., , MD, MPH**

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2019

Transaction ID : 10309280

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Cueva, Roberto, A., , MD**

Mailing Address 5893 Copley Drive  
Head and Neck Surgery

City  
San Diego

State  
CA

Zip Code  
92111-7906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Kaiser Permanente

Occupation (for Individual)  
Regional Skull Base Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2019

Transaction ID : 10309281

Amount of Each Receipt this Period

535.00

☐ Memo Item

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

**C. Malone, James, P., , MD**

Mailing Address 875 Poplar Church Rd  
Suite 320

City  
Camp Hill

State  
PA

Zip Code  
17011-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Associated Otolaryngologists of PA

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 03 / 2019

Transaction ID : 10309282

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

885.00