REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 19 · 11 17 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN ACADEMY OF AUDIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
8201 GREENSBORO DRIVE, SUITE 300

CITY, STATE and ZIP CODE
MCLEAN, VA 22102

2. FEC IDENTIFICATION NUMBER
C00300491

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

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:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ 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 JULY 1, 1996 through SEPTEMBER 30, 1996		
6. (a) Cash on Hand January 1, 19 96		$ 2,305.87
(b) Cash on Hand at Beginning of Reporting Period	$ 4,301.33	
(c) Total Receipts (from Line 19)	$ 350.00	$ 13,106.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 4,651.33	$ 15,411.87
7. Total Disbursements (from Line 30)	$ 344.33	$ 11,104.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4,307.00	$ 4,307.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 J. BRUCE WARDLE

Signature of Treasurer [signature] Date 10/10/96

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

FEC FORM 3X
(revised 9/96)

FE6/N068

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

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN ACADEMY OF AUDIOLOGY POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM JULY 1,1996 TO SEPTEMBER 30,1996

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees.			
i. Itemized (use Schedule A)	350.00	13,106.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	350.00	13,106.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	350.00	13,106.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	350.00	13,106.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	350.00	13,106.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	344.33	4,880.47	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	344.33	4,880.47	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	6,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	-0-	224.40	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	344.33	11,104.87	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	344.33	11,104.87	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	350.00	13,106.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	350.00	13,106.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	344.33	4,880.47	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	344.33	4,880.47	37

FE6AN(e9)

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11a

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 AUDIOLOGY POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LORI MCCORRY 242 W. JEFFERSON STREET BUTLER, PA 16001 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	PROF. HEARING AID SERV Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	7/17/96	$ 25.00
B. MONICA EHLER-PAPA 1317 PLAINFIELD ROAD S.EUCLID, OH 44121 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	CEDAR AUDIOLOGY ASSOC. Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/07/96	25.00
C. KEVIN FLANAGAN 280 MAMARONECK AVENUE, #204 WHITE PLAINS, NY 10605 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	DENNIS HAMPTON,PH.D Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/13/96	25.00
D. DANEAL E. PLOWER 3405 KENYON STREET, #108 SAN DIEGO, CA 92110 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	PRIVATE PRACTICE OWNER Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/13/96	25.00
E. GAIL BRENNER 1015 CHESTNUT STREET, #300 PHILADELPHIA, PA 19107 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	GAIL BRENNER, M.A. Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/13/96	25.00
F. LYNN CARPENTER 369 W. FIRST STREET, SUITE 4D6 DAYTON, OH 45402 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	DAYTON INSTITUTE OF HEARING & BALANCE Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/20/96	25.00
G. MARYKATE VAUGHN 458 ORCHARD STREET CRANFORD, NJ 07016 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	SPEECH & HEARING ASSOC Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/20/96	25.00.

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

TOTAL This Period (last page this line number only) ..... $ 175.00

FEBA/96

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF AUDIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
AMY BECKEN 2635 WHEATON WAY BREMERTON, WA 98310 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	KITSAP AUDIOLOGY Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/20/96	$ 25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EDWARD WILLS 26909 RUSSELL ROAD BAY VILLAGE, OH 44140 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/20/96	50.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ANDREA BOURNE 100 FOREST AVENUE, #1103 OAK PARK, IL 60301 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	HINES VA HOSPITAL Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	8/20/96	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JEANNIE SENEKER 100 BERRY HILL DRIVE JACKSON, TN 38301 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	WEST TENN SCHOOL OF THE DEAF Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	9/04/96	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ROBIN MOREHOUSE 5619 ROSEMARY PLACE NEW ORLEANS, LA 70124 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	LOUISIANA STATE UNIV Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	9/10/96	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CELESI 157 W. CEDAR STREET, SUITE 112 AKRON, OH 44307 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	EAR INC Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	9/24/96	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) ..... $ 175.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF AUDIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
CORPORATE PRESS 8403 BRIGHTSEAT ROAD LANDOVER, MD 20785	INSERTS FOR MEMBERSHIP DIRECTORY	9/13/96	$ 344.33
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	$ 344.33

FEBAN089

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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-15-96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MN — PREPARER

10-19-96 — DATE PREPARED

FEC FORM 70-2 (12/92)