

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

ADDRESS (number and street) 1444 I St., NW, Suite 700  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00437798  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2010 through 03 31 2010

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 Jerome Ruzicka  
Signature of Treasurer Electronically Filed by Jerome Ruzicka Date 04 12 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13555.00
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	13555.00									
(c) Total Receipts (from Line 19) .....	26950.00	26950.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40505.00	40505.00								
7. Total Disbursements (from Line 31) .....	19000.00	19000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	21505.00	21505.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

Write or Type Committee Name  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

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) .....	26250.00	26250.00
(ii) Unitemized .....	700.00	700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	26950.00	26950.00
(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) .....	26950.00	26950.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
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 Transfer (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)) .....	26950.00	26950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26950.00	26950.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	19000.00	19000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	19000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	26950.00	26950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26950.00	26950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15  
(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"/> 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)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

**A.**

Full Name (Last, First, Middle Initial)  
Tani Austin

Mailing Address 6441 Beach Rd.

City State Zip Code  
Eden Prairie MN 55344

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

Name of Employer Occupation  
Starkey Labs Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID: SA11AI.4796**

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
William Austin

Mailing Address P.O. Box 702545

City State Zip Code  
Dallas TX 75370

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

Name of Employer Occupation  
Starkey Labs CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2010

**Transaction ID: SA11AI.4797**

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Rob Duchscher

Mailing Address 15365 Danbury Ave

City State Zip Code  
Rosemont MN 55064

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

Name of Employer Occupation  
Starkey Labs Senior VP IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2010

**Transaction ID: SA11AI.4792**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11000.00**

**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 7 / 15  
(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"/> 17

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NAME OF COMMITTEE (In Full)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

**A.**

Full Name (Last, First, Middle Initial)  
William Funicello

Mailing Address 125 Manchester St.

City State Zip Code  
**Westbury NY 11590**

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

Name of Employer Occupation  
Widex Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 15 / 2010**

**Transaction ID: SA11AI.4814**

Amount of Each Receipt this Period **250.00**

**B.**

Full Name (Last, First, Middle Initial)  
Cathy Jones

Mailing Address 2515 Bar Harbour Ct.

City State Zip Code  
**Naperville IL 60564**

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

Name of Employer Occupation  
Phonak, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **02 / 18 / 2010**

**Transaction ID: SA11AI.4794**

Amount of Each Receipt this Period **5000.00**

**C.**

Full Name (Last, First, Middle Initial)  
David Lumley

Mailing Address 4830 Morris Ct

City State Zip Code  
**Wauunakee WI 53597**

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

Name of Employer Occupation  
Rayovac Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 23 / 2010**

**Transaction ID: SA11AI.4819**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5500.00**

**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 / 15
	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Miller	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 4842 Winterset Dr.	<b>Transaction ID:</b> SA11AI.4823
	City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Starkey Labs HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stacey Neu	Date of Receipt MM / DD / YYYY 03 / 23 / 2010
	Mailing Address 2227 Hollister Ave	<b>Transaction ID:</b> SA11AI.4817
	City State Zip Code Madison WI 53726	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rayovac Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Randy Raymond	Date of Receipt MM / DD / YYYY 03 / 08 / 2010
	Mailing Address 7313 Southern Oak Pl.	<b>Transaction ID:</b> SA11AI.4808
	City State Zip Code Madison WI 53719	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Rayovac Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> 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 9 / 15  
(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"/> 17

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NAME OF COMMITTEE (In Full)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jerome Ruzicka</p> <p>Mailing Address 16110 46th Ave. N</p> <hr/> <p>City Plymouth State MN Zip Code 55446</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Starkey Labs Occupation President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">02 / 26 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4795</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5000.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Schmoeger</p> <p>Mailing Address 1155 Black Oak Trail</p> <hr/> <p>City Deerfield State WI Zip Code 53531</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Rayovac Occupation Executive</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4810</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Eric Spar</p> <p>Mailing Address 5 Old Farm Lane</p> <hr/> <p>City Old Westbury State NY Zip Code 11568</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Widex Occupation Sales</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 25 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.4815</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">7750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 15	
	(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"/> 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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A.**

Full Name (Last, First, Middle Initial) Charles Stone		Date of Receipt MM / DD / YYYY 03 / 09 / 2010
Mailing Address 3215 Fennbrook Ln N		<b>Transaction ID:</b> SA11AI.4802
City Plymouth	State Zip Code MN 55447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer ESCO	Occupation Audiologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Thomas Walzer		Date of Receipt MM / DD / YYYY 03 / 12 / 2010
Mailing Address N2112 Black Forty Rd		<b>Transaction ID:</b> SA11AI.4812
City Lodi	State Zip Code WI 53555	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rayovac	Occupation Executive	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	26250.00

# 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"/> 24	<input type="checkbox"/> 25	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A.** Full Name (Last, First, Middle Initial)  
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement

Candidate Name  
ALLYSON Y. SCHWARTZ

Office Sought:  House  
 Senate  
 President

State: PA District: 13

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City State Zip Code  
Las Vegas NV 89121

Purpose of Disbursement

Candidate Name  
SHELLEY BERKLEY

Office Sought:  House  
 Senate  
 President

State: NV District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4862

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
DAVE CAMP FOR CONGRESS 2010

Mailing Address 5915 Eastman Avenue  
Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement

Candidate Name  
DAVID LEE CAMP

Office Sought:  House  
 Senate  
 President

State: MI District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.4838

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**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)

PAGE 12 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	<b>Transaction ID:</b> SB23.4832
	Mailing Address P.O. BOX 19163	Date of Disbursement 01 / 25 / 2010
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name HARRY REID	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY	<b>Transaction ID:</b> SB23.4853
	Mailing Address 151 Linden Road	Date of Disbursement 03 / 17 / 2010
	City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name CAROLYN MCCARTHY	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF GINNY BROWN-WAITE	<b>Transaction ID:</b> SB23.4849
	Mailing Address PO Box 865	Date of Disbursement 03 / 04 / 2010
	City Brooksville State FL Zip Code 34605	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/Type
	Candidate Name VIRGINIA BROWN-WAITE	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

3000.00

**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"/> 24	<input type="checkbox"/> 25	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF MAX BAUCUS</b> <hr/> Mailing Address <b>PO BOX 586</b> <hr/> City <b>HELENA</b> State <b>MT</b> Zip Code <b>59624</b> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <b>MAX BAUCUS</b> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MT</b> District: <b>00</b>	Transaction ID: <b>SB23.4834</b> Date of Disbursement <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Disbursement this Period <input type="text"/> <b>1000.00</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>HELLER FOR CONGRESS</b> <hr/> Mailing Address <b>PO Box 750580</b> <hr/> City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89136</b> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <b>DEAN HELLER</b> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>NV</b> District: <b>02</b>	Transaction ID: <b>SB23.4833</b> Date of Disbursement <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Disbursement this Period <input type="text"/> <b>1000.00</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KIND FOR CONGRESS COMMITTEE</b> <hr/> Mailing Address <b>205 South 5th Ave Suite 428</b> <hr/> City <b>La Crosse</b> State <b>WI</b> Zip Code <b>54601</b> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <b>RON KIND</b> Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>WI</b> District: <b>03</b>	Transaction ID: <b>SB23.4847</b> Date of Disbursement <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Amount of Each Disbursement this Period <input type="text"/> <b>1500.00</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text"/> <b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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"/> 24	<input type="checkbox"/> 25	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MIKE MR. THOMPSON Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4831</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="2000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE</p> <p>Mailing Address P. O. Box 713</p> <p>City Wheaton State IL Zip Code 60187</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name PETER ROSKAM Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4855</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TOM PAC</p> <p>Mailing Address PO BOX 752</p> <p>City DES MOINES State IA Zip Code 50303</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name TOM PAC Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4858</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

**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)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

A.

Full Name (Last, First, Middle Initial)  
VAN HOLLEN FOR CONGRESS

Transaction ID: SB23.4840

Date of Disbursement

Mailing Address 10537 St. Paul Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	0

City Kensington State MD Zip Code 20895

Amount of Each Disbursement this Period

Purpose of Disbursement

1000.00
---------

Candidate Name  
CHRISTOPHER VAN HOLLEN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

B.

Full Name (Last, First, Middle Initial)  
VICTORY NOW PAC

Transaction ID: SB23.4859

Date of Disbursement

Mailing Address 10605 Concord Street-Ste. 202  
Suite 202

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

City Kensington State MD Zip Code 20895

Amount of Each Disbursement this Period

Purpose of Disbursement

2500.00
---------

Candidate Name  
VICTORY NOW PAC

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

3500.00
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TOTAL This Period (last page this line number only) .....

19000.00
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