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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Hear PAC

ADDRESS (number and street) 515 KING STREET

(Check if address is changed) SUITE 420

ALEXANDRIA VA 22314-13157

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
hear.pac@hearing.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
703-1684-16048

2. DATE 08 ' 15 ' 2007

3. FEC IDENTIFICATION NUMBER ► C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jerome C. Ruzicka

Signature of Treasurer *Jerome C. Ruzicka* Date 08 ' 15 ' 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

HEARING INDUSTRIES ASSOCIATION _____

Mailing Address 1515 KING STREET
 SUITE 420
 ALEXANDRIA, VA 22314-1571
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship PARENT ORGANIZATION _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

HewPAC

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name CHARLE ROGIN

Mailing Address 515 KING STREET
SUITE 420
ALEXANDRIA VA 22314-3157

Title or Position VICE PRESIDENT CITY STATE ZIP CODE Telephone number 703-684-5744

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer JEROME C. RUZICKA

Mailing Address STAKEY LABS
6600 WASHINGTON AVENUE SOUTH
EDEN PRAIRIE MN 55344-3404

Title or Position TREASURER CITY STATE ZIP CODE Telephone number 952-941-6401

Full Name of Designated Agent CHARLE ROGIN

Mailing Address 515 KING STREET
SUITE 420
ALEXANDRIA VA 22314-3157

Title or Position VICE PRESIDENT CITY STATE ZIP CODE Telephone number 703-684-5744

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BUAKE & HEABERT

Mailing Address

100 FAIRFAX STREET

ALEXANDRIA VA 22314-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

27039511501

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	<i>UPS</i>	Shipping Date
		<i>8/15/07</i>
	Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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	<i>8/20/07</i>
PREPARER	DATE PREPARED