

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

HEARPAC OF HEARING INDUSTRIES ASSOCIATION

ADDRESS (number and street)

515 KING ST



(Check if address is changed)

SUITE 420

ALEXANDRIA

VA

22314-3157

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

HEARPAC@HEARING.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-604-6048

2. DATE

10 / 10 / 2007

3. FEC IDENTIFICATION NUMBER

C00437798

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

10 / 10 / 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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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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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

HEARLING INDUSTRIES ASSOCIATION \_\_\_\_\_

Mailing Address 515 KING ST. \_\_\_\_\_  
 SUITE 420 \_\_\_\_\_  
 ALEXANDRIA \_\_\_\_\_ VA 22314-1315 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED 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

HEAR PAC OF HEARING INDUSTRIES ASSOCIATION

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 CAROLE ROGIN

Mailing Address 515 KING ST. SUITE 420 ALEXANDRIA VA 22314-3157

Title or Position CITY STATE ZIP CODE

VICE PRESIDENT 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 G RUZICKA

Mailing Address STARKEY LABS 6600 WASHINGTON AVE SOUTH EDEN PRAIRIE MN 55344-3404

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 952-941-3404

Full Name of Designated Agent CAROLE ROGIN

Mailing Address 515 KING ST. SUITE 420 ALEXANDRIA VA 22314-3157

Title or Position CITY STATE ZIP CODE

VICE PRESIDENT 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.

BURKE & HERBERT

Mailing Address

100 FAIRFAX ST.

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  
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 The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): *UPS* Shipping Date  
*10/10/07*  
 Next Business Day Delivery

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Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 *10/11/07*  
**PREPARER** **DATE PREPARED**

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