

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 HEARPAC OF HEARING INDUSTRIES ASSOCIATION

ADDRESS (number and street) 1444 I St., NW, Suite 700 Washington DC 20005

2. FEC IDENTIFICATION NUMBER C C00437798 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Type or Print Name of Treasurer Signature of Treasurer Sawalich, Brandon, , , [Electronically Filed] Date 07 / 17 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		40656.37
(b) Cash on Hand at Beginning of Reporting Period.....	40656.37	
(c) Total Receipts (from Line 19) .....	16000.00	16000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56656.37	56656.37
7. Total Disbursements (from Line 31).....	36500.00	36500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	20156.37	20156.37
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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	16000.00	16000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16000.00	16000.00
(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) .....	16000.00	16000.00
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 Transfers (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)).....▶	16000.00	16000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16000.00	16000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	36500.00	36500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	36500.00	36500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36500.00	36500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16000.00	16000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16000.00	16000.00
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: (check only one)	PAGE 6 OF 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

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. Austin, Tani, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5563 Rustic Manor Drive  
 City Brownsville State TX Zip Code 78526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Starkey Hearing Technologies Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2017  
**Transaction ID : SA11AI.5833**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Austin, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5563 Rustic Manor Drive  
 City Brownsville State TX Zip Code 78526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Starkey Hearing Technologies Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2017  
**Transaction ID : SA11AI.5832**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Freeman, Barry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1315 Sunset SPGS  
 City Weston State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) ZPower Occupation (for Individual) VP of Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2017  
**Transaction ID : SA11AI.5834**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10250.00
<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: (check only one)	PAGE 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Hebert, Andrew, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 223 Lockwood Road

City Syracuse	State NY	Zip Code 13214
------------------	-------------	-------------------

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

Name of Employer (for Individual) EarQ	Occupation (for Individual) Managing Director
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		20		2017

**Transaction ID : SA11AI.5828**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Kouba, Kevin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7443 Theadowrue Circle

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Spectrum Brands Inc (Rayovac)	Occupation (for Individual) Director of Sales
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		17		2017

**Transaction ID : SA11AI.5829**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Metzdorff, Jan, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 250 S. Naperville Road

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Phonak	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2017

**Transaction ID : SA11AI.5830**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<b>TOTAL</b> This Period (last page this line number only).....	16000.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. 21ST CENTURY MAJORITY FUND**

Mailing Address 6065 ROSWELL ROAD, #2274

City ATLANTA State GA Zip Code 30328

Purpose of Disbursement

Candidate Name  
**21ST CENTURY MAJORITY FUND**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2017

FEC Identification Number

**C** C00361956

**Transaction ID : SB23.5802**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement

Candidate Name  
**BILIRAKIS FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2017  
 Primary  General  Other (specify)

State: FL District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2017

FEC Identification Number

**C** C00408534

**Transaction ID : SB23.5814**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement

Candidate Name  
**CITIZENS FOR BOYLE**

Office Sought:  House  Senate  President  
Disbursement For: 2017  
 Primary  General  Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2017

FEC Identification Number

**C** C00543363

**Transaction ID : SB23.5805**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00



**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. COLLINS FOR SENATOR</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2017
Mailing Address PO BOX 1096		FEC Identification Number C00314575 <b>Transaction ID : SB23.5826</b>
City BANGOR	State ME	Zip Code 04402
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>COLLINS FOR SENATOR</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: ME	District: 00	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ERIK PAULSEN</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE		FEC Identification Number C00439661 <b>Transaction ID : SB23.5796</b>
City EDEN PRAIRIE	State MN	Zip Code 55344
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>FRIENDS OF ERIK PAULSEN</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 03	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ERIK PAULSEN</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017
Mailing Address P.O. BOX 44369 250 PRAIRIE CENTER DRIVE		FEC Identification Number C00439661 <b>Transaction ID : SB23.5824</b>
City EDEN PRAIRIE	State MN	Zip Code 55344
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>FRIENDS OF ERIK PAULSEN</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 03	

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

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

4000.00

**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. HELLERHIGHWATER PAC</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2017
Mailing Address PO BOX 370672		FEC Identification Number <b>C</b> C00471607 <b>Transaction ID : SB23.5816</b> Amount of Each Disbursement this Period 2500.00
City LAS VEGAS	State NV	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name <b>HELLERHIGHWATER PAC</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. KLOBUCHAR FOR MINNESOTA</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017
Mailing Address PO BOX 4146		FEC Identification Number <b>C</b> C00410191 <b>Transaction ID : SB23.5804</b> Amount of Each Disbursement this Period 1000.00
City ST PAUL	State MN	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name <b>KLOBUCHAR FOR MINNESOTA</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. LANCE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017
Mailing Address PO BOX 5154		FEC Identification Number <b>C</b> C00312900 <b>Transaction ID : SB23.5808</b> Amount of Each Disbursement this Period 1000.00
City CLINTON	State NJ	
Purpose of Disbursement		Memo Item <input type="checkbox"/>
Candidate Name <b>LANCE FOR CONGRESS</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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

4500.00

**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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. MCKINLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2017	
Mailing Address PO BOX 642			
City MORGANTOWN	State WV	Zip Code 26507	
Purpose of Disbursement		Category/Type	
Candidate Name <b>MCKINLEY FOR CONGRESS</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
		FEC Identification Number C00473132 <b>Transaction ID : SB23.5794</b> Amount of Each Disbursement this Period 1000.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. MCKINLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017	
Mailing Address PO BOX 642			
City MORGANTOWN	State WV	Zip Code 26507	
Purpose of Disbursement		Category/Type	
Candidate Name <b>MCKINLEY FOR CONGRESS</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
		FEC Identification Number C00473132 <b>Transaction ID : SB23.5798</b> Amount of Each Disbursement this Period 1500.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MCKINLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 27 / 2017	
Mailing Address PO BOX 642			
City MORGANTOWN	State WV	Zip Code 26507	
Purpose of Disbursement		Category/Type	
Candidate Name <b>MCKINLEY FOR CONGRESS</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: _____ District: _____			
		FEC Identification Number C00473132 <b>Transaction ID : SB23.5806</b> Amount of Each Disbursement this Period 1000.00	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	3500.00
<b>TOTAL</b> 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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. MCKINLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address PO BOX 642		FEC Identification Number <b>C</b> C00473132 <b>Transaction ID : SB23.5820</b> Amount of Each Disbursement this Period 500.00
City MORGANTOWN	State WV	
Zip Code 26507	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>MCKINLEY FOR CONGRESS</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MCKINLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017
Mailing Address PO BOX 642		FEC Identification Number <b>C</b> C00473132 <b>Transaction ID : SB23.5821</b> Amount of Each Disbursement this Period 1500.00
City MORGANTOWN	State WV	
Zip Code 26507	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>MCKINLEY FOR CONGRESS</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MCKINLEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2017
Mailing Address PO BOX 642		FEC Identification Number <b>C</b> C00473132 <b>Transaction ID : SB23.5822</b> Amount of Each Disbursement this Period 2000.00
City MORGANTOWN	State WV	
Zip Code 26507	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name <b>MCKINLEY FOR CONGRESS</b>	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> 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"/> 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**

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	7		

Mailing Address PO BOX 642

FEC Identification Number

**C** C00473132

**Transaction ID : SB23.5823**

Amount of Each Disbursement this Period

1000.00

Memo Item

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement

Category/Type

Candidate Name

**MCKINLEY FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  Other (specify) ▼

State: District:

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

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	7		

Mailing Address 5429 Madison Avenue

FEC Identification Number

**C** C00326363

**Transaction ID : SB23.5795**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Category/Type

Candidate Name

**MIKE THOMPSON FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  Other (specify) ▼

State: CA District: 01

Full Name (Last, First, Middle Initial)  
**C. MIKE THOMPSON FOR CONGRESS**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	5			2	0	1	7		

Mailing Address 5429 Madison Avenue

FEC Identification Number

**C** C00326363

**Transaction ID : SB23.5807**

Amount of Each Disbursement this Period

2000.00

Memo Item

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Category/Type

Candidate Name

**MIKE THOMPSON FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  Other (specify) ▼

State: CA District: 01

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

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

4000.00

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement

Candidate Name  
**OLSON FOR CONGRESS COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2017

FEC Identification Number

**C** C00437913

**Transaction ID : SB23.5797**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. OLSON FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement

Candidate Name  
**OLSON FOR CONGRESS COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement

MM / DD / YYYY  
05 / 17 / 2017

FEC Identification Number

**C** C00437913

**Transaction ID : SB23.5818**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name  
**ROSKAM FOR CONGRESS COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) ▼  
State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2017

FEC Identification Number

**C** C00410969

**Transaction ID : SB23.5799**

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3500.00

**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"/> 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. TITUS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 72391

City LAS VEGAS State NV Zip Code 89170

Purpose of Disbursement

Candidate Name  
**TITUS FOR CONGRESS**

Office Sought:  House  Senate  President  
State: NV District: 01

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 17 / 2017

FEC Identification Number: **C00499467**  
Transaction ID : **SB23.5819**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. WALDEN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name  
**WALDEN FOR CONGRESS**

Office Sought:  House  Senate  President  
State: OR District: 02

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 27 / 2017

FEC Identification Number: **C00333427**  
Transaction ID : **SB23.5809**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	36500.00