REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

JAN 31 1 03 PM '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
1735 N. LYNN STREET, SUITE 950

CITY, STATE and ZIP CODE
ARLINGTON, VA 22209

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 7/01/95 through 12/31/95		$ - 0 -
6. (a) Cash on Hand January 1, 19 95		
(b) Cash on Hand at Beginning of Reporting Period	$ 4,902.26	
(c) Total Receipts (from Line 19)	$ 450.00	$ 6,222.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 5,352.26	$ 6,222.00
7. Total Disbursements (from Line 30)	$ 3,046.39	$ 3,916.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,305.87	$ 2,305.87
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 1/29/96

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 9/93)

FE5AN066

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 7/01/95 TO: 12/31/95

	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)	450.00	5,897.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤	450.00	5,897.00	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) ➤	450.00	5,897.00	11(d)
12. Transfers From Affiliated/Other Party Committees	- 0 -	325.00	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) ➤	450.00	6,222.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	450.00	6,222.00	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	921.39	1,246.39	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	921.39	1,246.39	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,100.00	2,600.00	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	25.00	69.74	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,046.39	3,916.13	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,046.39	3,916.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	450.00	5,897.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	450.00	5,897.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	921.39	1,246.39	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	921.39	1,246.39	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 d

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 AUDIOLGOY 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. ANDRE SIROIS 309 MONICA CRESCENT ORLEANS, ONTARIO K1E 3N6 CANADA Receipt For: [ ] Primary [X] General [ ] Other (specify):	CIVIC HOSPITAL AUDIOLOGIST Aggregate Year-to-Date $	11/17/95	$ 20.00
B. LAURA DIPASQUALE 1401 CLARK BLDG, STE 1401 PITTSBURGH,PA 15222 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PITTSBURGH HEARING AID CTR & AUDIOLOGY AUDIOLOGIST Aggregate Year-to-Date $	12/21/95	$ 20.00
C. BARRY FREEMAN 1740 MEMORIAL DRIVE CLARKSVILLE, TN 37043 Receipt For: [ ] Primary [X] General [ ] Other (specify):	CENTER FOR AUDIOLOGY AUDIOLOGIST Aggregate Year-to-Date $	12/21/95	$ 50.00
D. CHRISTINE DONATELLE 245 BERGER STREET SOMERSET, NJ 08873 Receipt For: [ ] Primary [X] General [ ] Other (specify):	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL AUDIOLOGIST Aggregate Year-to-Date $	12/22/95	$ 10.00
E. E. PAUL GUILLORY HCR 72, PO BOX 124M HELOTES, TX 78023 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HARVEY KOMET,MD, ENT AUDIOLOGIST Aggregate Year-to-Date $	12/22/95	$ 20.00
F. GAIL WHITELAW 178 OAKLAND PARK AVENUE COLUMBUS, OH 43214 Receipt For: [ ] Primary [X] General [ ] Other (specify):	OHIO STATE UNIVERS. AUDIOLOGIST Aggregate Year-to-Date $	12/22/95	$ 20.00
G. KENNETH POLLARD 2009 VINEVILLE AVENUE, STE 301 MACON, GA 31204 Receipt For: [ ] Primary [X] General [ ] Other (specify):	POLLARD PROFESSIONAL HEARING AID SERVICES AUDIOLOGIST Aggregate Year-to-Date $	12/22/95	$ 20.00

SUBTOTAL of Receipts This Page (optional) ..... $ 160.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a

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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. AMY . SCHMAHT 120 E. 34th STREET NEW YORK, NY 10016 Receipt For: [ ] Primary [X] General [ ] Other (specify):	GOLDWATER MEMORIAL HOSPITAL Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	2/ 2/95	$ 20.00
B. MARINA E. KNICK 1075 EAGLE NEST DRIVE ROCHESTER, MI 48306 Receipt For: [ ] Primary [X] General [ ] Other (specify):	HEARING CONSULTANTS OF MICHIGAN Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	12 22/95	$ 20.00
C. JENNIFER FARGO LATHROP 575 LOS ALTOS AVENUE LOS ALTOS, CA 94022 Receipt For: [ ] Primary [X] General [ ] Other (specify):	PACIFIC HEARING SERV Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	12/ 2/95	$ 50.00
D. DOUGLAS NOFFSINGER 6421 LAPUNTA DRIVE LOS ANGELES, CA 90068 Receipt For: [ ] Primary [X] General [ ] Other (specify):	VAMC WEST LOS ANGELES UCLA Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	12/ 2/95	$ 50.00
E. MARYANN KARNUTA 25024 SUNSET DRIVE BAY VILLAGE, OH 44140 Receipt For: [ ] Primary [X] General [ ] Other (specify):	CLEVELAND CIVIC FOUNDATION Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	12/ 2/95	$ 50.00
F. DANA OVIATT 109 MARANGALE ROAD MANLIUS, NY 13104 Receipt For: [ ] Primary [X] General [ ] Other (specify):	FELDMAN & OVIATT AUDIOLOGY SERVICE Occupation: AUDIOLOGIST Aggregate Year-to-Date > $	12 22/95	$ 100.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) > $ 290.00

TOTAL This Period (last page this line number only) >

FE6AN066

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (in Full)

AMERICAN ACADEMY OF AUDIOLOGY POLITICAL ACTION COMMITTEE

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
A. NEW BOLD 510 WEAVER STREET, NE ROCKY MOUNT, VA 24151	AMERICAN EXPRESS IMPRINTER	9/29/95	$ 26.39
B. ICONOGRAPH DESIGN 7838 YANKEE HARBOR DRIVE GAITHERSBURG, MD 20879	PAC FORM DESIGN	10/31/95	$ 300.00
C. COPY WORLD 1114 21st STREET, NW WASHINGTON, DC 20036-3303	PRINTING OF PAC FORM	10/31/95	$ 595.00
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $ 921.39

TOTAL This Period (last page this line number only)

FE5AN086

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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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
CITIZENS FOR HARKIN 426 C STREET, NE, REAR BLDG. WASHINGTON, DC 20002	CONTRIBUTION Disbursement for: Primary [ ] General [X] Other (specify)	8/01/95	$ 1,000.00
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
DOYLE FOR CONGRESS P.O. BOX 17426 PITTSBURGH, PA 15235	CONTRIBUTION Disbursement for: Primary [ ] General [X] Other (specify)	8/01/95	$ 500.00
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
CITIZENS FOR GILMAN P.O. BOX 3001 MIDDLETOWN, NY 10940	CONTRIBUTION Disbursement for: Primary [ ] General [X] Other (specify)	10/24/95	$ 600.00
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) ..... $ 2,100.00

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

FEC/A/060

2 3 0 1 1 2 1 3 1 4

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA BANK c/o NORTHERN OPERATIONS CTR P.O. BOX 88 FALLS CHURCH, VA 22040-0088	MC/VISA FEE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/31/95	$ 5.00
B. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA BANK c/o NORTHERN OPERATIONS CTR P.O. BOX 88 FALLS CHURCH, VA 22040-0088	BANK SERVICE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/30/95	$ 11.00
C. Full Name, Mailing Address and ZIP Code FIRST VIRGINIA BANK c/o NORTHERN OPERATIONS CTR P.O. BOX 88 FALLS CHURCH, VA 22040-0088	BANK SERVICE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/31/95	$ 9.00
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)	$ 25.00
TOTAL This Period (last page this line number only)	

FE5AN066

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 1/30/96
☐	Registered/Certified Mail	POSTMARKED
☐	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

2C7 — PREPARER

1/31/96 — DATE PREPARED

FEC FORM 70-2 (12/92)