



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/>	<input type="text" value="35706.37"/>	<input type="text" value="35706.37"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40056.37"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1500.00"/>	<input type="text" value="27850.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="41556.37"/>	<input type="text" value="63556.37"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15500.00"/>	<input type="text" value="37500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26056.37"/>	<input type="text" value="26056.37"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	1500.00	27750.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1500.00	27850.00
(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) .....	1500.00	27850.00
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))..... ▶	1500.00	27850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1500.00	27850.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	15500.00	37500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	15500.00	37500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	37500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1500.00	27850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1500.00	27850.00
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 11
	<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. Brian Crannell**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Oxford Avenue

City Clarendon Hills      State IL      Zip Code 60514

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

Name of Employer Knowles Corporation      Occupation Sr. Director Marketing & Bus. Dev.

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014  
**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  
1000.00

**B. Rodney Schutt**  
Full Name (Last, First, Middle Initial)

Mailing Address 185 Commerce Drive

City Hauppauge      State NY      Zip Code 11788

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

Name of Employer Widex USA      Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.5581**

Amount of Each Receipt this Period  
500.00

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

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

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1500.00

**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**

Full Name (Last, First, Middle Initial)

**A. BLUM FOR CONGRESS**

Mailing Address 2728 ASBURY ROAD SUITE 400

City DUBUQUE State IA Zip Code 52001

Purpose of Disbursement

Candidate Name

**BLUM FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

**Transaction ID : SB23.5590**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

Candidate Name

**CITIZENS FOR COCHRAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

**Transaction ID : SB23.5586**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR COCHRAN**

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement

Candidate Name

**CITIZENS FOR COCHRAN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MS District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23.5599**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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**

Full Name (Last, First, Middle Initial)

**A. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement

Candidate Name

**DEVIN NUNES CAMPAIGN COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	4

**Transaction ID : SB23.5588**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement

Candidate Name

**DEVIN NUNES CAMPAIGN COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

**Transaction ID : SB23.5591**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FOLLOW THE NORTH STAR FUND**

Mailing Address 316 E HENNEPIN AVE  
SUITE 201

City MINNEAPOLIS State MN Zip Code 55414

Purpose of Disbursement

Candidate Name

**FOLLOW THE NORTH STAR FUND**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	4

**Transaction ID : SB23.5592**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

3	5	0	0	0	0	0	0	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. LANCE FOR CONGRESS**

Mailing Address PO BOX 5154

City CLINTON State NJ Zip Code 08809

Purpose of Disbursement

Candidate Name

**LANCE FOR CONGRESS**

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2014

**Transaction ID : SB23.5583**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LANCE FOR CONGRESS**

Mailing Address PO BOX 5154

City CLINTON State NJ Zip Code 08809

Purpose of Disbursement

Candidate Name

**LANCE FOR CONGRESS**

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : SB23.5595**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MCKINLEY FOR CONGRESS**

Mailing Address PO BOX 642

City MORGANTOWN State WV Zip Code 26507

Purpose of Disbursement

Candidate Name

**MCKINLEY FOR CONGRESS**

Office Sought:  House  Senate  President

State: WV District: 01

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 12 / 2014

**Transaction ID : SB23.5601**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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**

Full Name (Last, First, Middle Initial)

**A. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

Candidate Name

**MIKE THOMPSON FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	1	4		

**Transaction ID : SB23.5582**

Amount of Each Disbursement this Period

2	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. ROB WITTMAN FOR CONGRESS**

Mailing Address PO BOX 999

City MONTROSS State VA Zip Code 22520

Purpose of Disbursement

Candidate Name

**ROB WITTMAN FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	4		

**Transaction ID : SB23.5598**

Amount of Each Disbursement this Period

1	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. TITUS FOR CONGRESS**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	4		

**Transaction ID : SB23.5593**

Amount of Each Disbursement this Period

1	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	0	0	.	0	0
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**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**

Full Name (Last, First, Middle Initial)

**A. TO ORGANIZE A MAJORITY PAC (TOMPAC)**

Mailing Address P.O. BOX 752

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement

Candidate Name

**TO ORGANIZE A MAJORITY PAC (TOMPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

07 / 16 / 2014

**Transaction ID : SB23.5584**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. VICTORY NOW PAC**

Mailing Address 10605 Concord St. -- Ste. 202  
Suite 202

City Kensington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name

**VICTORY NOW PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

09 / 17 / 2014

**Transaction ID : SB23.5600**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

2000.00

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

15500.00