REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 28 1 04 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AUDIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
8201 GREENSBORO DRIVE, SUITE 300

CITY, STATE and ZIP CODE
MCLEAN VA 22102

2. FEC IDENTIFICATION NUMBER
C00326678

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 1/1/97 through 6/30/97		
6. (a) Cash on Hand January 1, 1997		$ -0-
(b) Cash on Hand at Beginning of Reporting Period	$ -0-	
(c) Total Receipts (from Line 19)	$ 7979.25	$ 7979.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7979.25	$ 7979.25
7. Total Disbursements (from Line 30)	$ 3543.28	$ 3543.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4435.97	$ 4435.97
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 ROBERT GLASER

Signature of Treasurer

Date 7/25/97

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)

PB7AN047

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: ALLOLOGY POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 1/1/97 TO 6/30/97

	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)	2700.00	2700.00	11a(i)
ii. Unitemized	5279.25	5279.25	11a(ii)
iii. Total (add i and ii) ➤	7979.25	7979.25	11a(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) ➤	7979.25	7979.25	11(d)
12. Transfers From Affiliated/Other Party Committees			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) ➤	7979.25	7979.25	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	7979.25	7979.25	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	1663.36	1663.36	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1663.36	1663.36	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1700.00	1700.00	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	179.92	179.92	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3543.28	3543.28	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3543.28	3543.28	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7979.25	7979.25	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7979.25	7979.25	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1663.36	1663.36	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1663.36	1663.36	37

FE7AH047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11a1

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)

AUDIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Barry A. Freeman Center for Audiology 1740 Memorial Drive Clarksville, TN 37043 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Audiologist Aggregate Year-to-Date > $ 250.00	3/20/97	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gail Gundmundsen 1010 E. Higgins Rd. Elk Grove Village, IL 60007 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		$500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pan Ison 120 Moreland Drive Hopkinsville, KY 42240 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HSK Occupation: Audiology Aggregate Year-to-Date > $ 200.00	4/20/97	$200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Craig Johnson 7000 Security Blvd., Suite 120 Baltimore, MD. 21244 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Audiology Associates Aggregate Year-to-Date > $ 250.00		$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Micheal W. Marion 5800 Santa Rosa Rd #123 Camarillo, CA 93012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: The Hearing Center Occupation: Audiology Aggregate Year-to-Date > $ 500.00	4/20/97	$500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Northern 11390 Twelve Oaks Way #19 North Palm Beach, FL 33408 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00	4/20/97	$250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeane Violon Singer 501 Howard Ave Altoona, PA 16601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Audiological & HAS Occupation: Audiologist Aggregate Year-to-Date > $ 250.00	4/20/97	$250.00

SUBTOTAL of Receipts This Page (optional) $2,200

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

FE3A/067

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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): audiology POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Traymor 2528 16th St. #100 Greenley, CO 80631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: audiology Associa. of Greenley Occupation: audiologist Aggregate Year-to-Date > $ 250.00	4/20/97	$250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Gillespie 300 Hospital Circle, Ste 102 Paris, TN 38242 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: aud. & H/A clinic Occupation: audiologist Aggregate Year-to-Date > $ 250.00	7/10/97	$250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $500

TOTAL This Period (last page this line number only) > $2,700.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
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. RAPID FORMS 301 GROVE ROAD THOROFARE NJ 08086-9499	ORDER CHECKS	4/9/97	$87.45
B. MADISON AVENUE SIGNS 14721-F BALTIMORE AVENUE LAUREL MD 20707	PAC SIGNS	5/30/97	$250.00
C. TAMARIND DESIGN 2401 15th STREET SUITE 170 DENVER, CO 80202	DESIGN OF PAC POSTERS	6/16/97	$47.94
D. AMERICAN ACADEMY OF AUDIOLOGY 8201 GREENSBORO DRIVE, SUITE 300 MCLEAN VA 22102		6/16/97	$40.00
E. TURBO PRESS 2601 EAST CEDAR AVENUE DENVER, CO 80209	PRINTING OF PAC POSTERS	6/17/97	1237.17
F.			
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) $1663.36

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
AUDIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAN BURTON FOR CONGRESS COMMITTEE 430 FIRST STREET SE WASHINGTON DC	CONTRIBUTION Disbursement for: Primary General Other (specify)	5/9/97	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
A LOT OF PEOPLE SUPPORTING TOM DASCHLE 424 C STREET NE, 1ST FLOOR WASHINGTON DC 20002	CONTRIBUTION Disbursement for: Primary General Other (specify)	5/30/97	$1000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
LAMPSON FOR CONGRESS 38 INY STREET, SE WASHINGTON DC 20003	CONTRIBUTION Disbursement for: Primary General Other (specify)	6/30/97	$200.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		

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

TOTAL This Period (last page this line number only) $1,700.00

FE7AH047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER 29

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): 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. FIRST UNION BANK P.O. BOX 13327 ROANOKE VA 24040-7314	MAY BANK SERVICE	5/30/97	$ 16.59
B. FIRST UNION BANK P.O. BOX 13327 ROANOKE VA 24040-7314	CHECK ORDER	5/30/97	$ 10.65
C. AMERICAN EXPRESS P.O. BOX 53852 PHOENIX AZ 85072-3852	FEE FOR AMEX CREDIT CARDS	5/30/97	$ 68.02
D. FIRST UNION BANK P.O. BOX 13327 ROANOKE VA 24040-7314	JUNE BANK SERVICE	6/30/97	$ 2.06
E. FIRST UNION BANK 7207 CHAPMAN HIGHWAY KNOXVILLE TN 37920	FEE FOR MCI VISA CREDIT CARDS	6/30/97	$ 21.81
F.			
G.			
H.			
I.			

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

TOTAL This Period (last page this line number only) ..... $ 179.92

FE7AN047

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 7-23-97
☐	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

MAF — PREPARER

7-28-97 — DATE PREPARED

FEC FORM 70-2 (12/92)