

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Academy of Audiology, Inc. PAC

ADDRESS (number and street)

11730 Plaza America Drive Suite 30

Check if different than previously reported. (ACC)

Reston

VA

20150

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00342972

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

X July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01

01

2005

through

06

30

2005

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

Laura Fleming Doyle

Signature of Treasurer

Electronically Filed by Laura Fleming Doyle

Date

01

31

2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Academy of Audiology, Inc. PAC

Report Covering the Period: From: <sup>M</sup> 0 1 <sup>D</sup> 0 1 <sup>Y</sup> 2 0 0 5 To: <sup>M</sup> 0 6 <sup>D</sup> 3 0 <sup>Y</sup> 2 0 0 5

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>Y</sup> 2 0 0 5   |                         | 55699.07                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 55699.07                |                                   |
| (c) Total Receipts (from Line 19) .....   | 44447.10                | 44447.10                          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 100146.17               | 100146.17                         |
| 7. Total Disbursements (from Line 31) .....   | 45673.40                | 45673.40                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 54472.77                | 54472.77                          |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Audiology, Inc. PAC

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2005

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 14265.00                      | 14265.00                          |
| (ii) Unitemized .....  | 30043.70                      | 30043.70                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) .....  | 44308.70                      | 44308.70                          |
| (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) .....     | 44308.70                      | 44308.70                          |
| 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) ..... | 138.40                        | 138.40                            |
| 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 Transfer (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)) .....                          | 44447.10                      | 44447.10                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 44447.10                      | 44447.10                          |

## DETAILED SUMMARY PAGE

of Disbursements

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Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared 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.....  | 138.40                        | 138.40                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 138.40                        | 138.40                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 36000.00                      | 36000.00                          |
| 24. Independent Expenditure (use Schedule E).....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (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.....                                   | 35.00                         | 35.00                             |
| (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))..... ▶                          | 35.00                         | 35.00                             |
| 29. Other Disbursements.....   | 9500.00                       | 9500.00                           |
| 30. Federal Election Activity (2 U.S.C. 431(20))   |                               |                                   |
| (a) Shared 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 ActMty (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))..       | 45673.40                      | 45673.40                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....                    | 45673.40                      | 45673.40                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 44308.70                      | 44308.70                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 35.00                         | 35.00                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 44273.70                      | 44273.70                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 138.40                        | 138.40                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 138.40                        | 138.40                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 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)  
American Academy of Audiology, Inc. PAC

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Delbert Ault</b>   |                                    | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005 |
| Mailing Address 292 Jane Briggs Ave.                                |                                    | Transaction ID: 51201.C399                     |
| City Lexington  | State KY                           | Zip Code 40509-4503                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>The Hearing Center                              | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Charles Berlin</b> |                                    | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005 |
| Mailing Address 8001 Pratt Drive                                    |                                    | Transaction ID: 51201.C444                     |
| City New Orleans  | State LA                           | Zip Code 70122-0000                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>LSUHSC - Krespe Hearing Resear                  | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Toml Browne</b>    |                                     | Date of Receipt<br>M / D / Y<br>01 / 08 / 2005 |
| Mailing Address 7805 Karen Forest Drive                             |                                     | Transaction ID: 51201.C485                     |
| City McLean   | State VA                            | Zip Code 22102-0000                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                     | Amount of Each Receipt this Period<br>1000.00  |
| Name of Employer<br>Information Requested                           | Occupation<br>Audiologist           | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>1000.00 |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>2000.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kathleen Campbell</b> |                                    | Date of Receipt<br>M / D / Y<br>03 / 30 / 2005 |
| Mailing Address<br>SIU School Of Medicine<br>P.O. Box 19629            |                                    | Transaction ID: 51201.C78                      |
| City<br>Springfield  | State<br>IL                        | Zip Code<br>62794-9629                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>SIU School Of Medicine                             | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cathryn Comstock</b>  |                                    | Date of Receipt<br>M / D / Y<br>01 / 21 / 2005 |
| Mailing Address<br>American Hearing Center<br>1809 SW HK Dodgen Loop   |                                    | Transaction ID: 51201.C581                     |
| City<br>Temple   | State<br>TX                        | Zip Code<br>76762-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>American Hearing Center                            | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Todd Decker</b>       |                                    | Date of Receipt<br>M / D / Y<br>03 / 30 / 2005 |
| Mailing Address<br>Professional Hearing Services<br>600 4th Street, NE |                                    | Transaction ID: 51201.C589                     |
| City<br>Watertown  | State<br>SD                        | Zip Code<br>57201-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>300.00   |
| Name of Employer<br>Professional Hearing Services                      | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>300.00 |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1050.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kyle Dennis</b>       |                                    | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005 |
| Mailing Address 12836 Silvia Loop                                      |                                    | Transaction ID: 51201.C598                     |
| City<br>Woodbridge   | State<br>VA                        | Zip Code<br>22182-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer Information Requested                                 | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Brian Fligor</b>      |                                    | Date of Receipt<br>M / D / Y<br>03 / 30 / 2005 |
| Mailing Address 4 Maryalice Way  |                                    | Transaction ID: 51201.C726                     |
| City<br>Mansfield  | State<br>MA                        | Zip Code<br>02048-1300                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Childrens Hospital of Boston                       | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Richard Gans</b>      |                                    | Date of Receipt<br>M / D / Y<br>03 / 16 / 2005 |
| Mailing Address American Institute Of Balance<br>11280 Park Blvd.      |                                    | Transaction ID: 51201.CB4                      |
| City<br>Seminole   | State<br>FL                        | Zip Code<br>33772-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>American Institute Of Balance                      | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |   |                |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | <b>1250.00</b> |
| TOTAL This Period (last page this line number only) ..... | ▶ |                |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 / 32

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11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Gilbert</b>      |                                    | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005 |
| Mailing Address<br>Whittier Hearing Center, Inc.<br>P.O. Box 111       |                                    | Transaction ID: 51201.C117                     |
| City<br>Whittier   | State<br>CA                        | Zip Code<br>90608-0111                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Whittier Hearing Center, Inc.                      | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Gail Gudmundsen</b>   |                                    | Date of Receipt<br>M / D / Y<br>02 / 03 / 2005 |
| Mailing Address<br>Etymotic Research, Inc.<br>81 Martin Lane           |                                    | Transaction ID: 51201.C811                     |
| City<br>Elk Grove Village  | State<br>IL                        | Zip Code<br>60007-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Etymotic Research, Inc.                            | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Danna Hampton</b>     |                                    | Date of Receipt<br>M / D / Y<br>04 / 01 / 2005 |
| Mailing Address<br>Westchester Audiology Center<br>280 Mamaroneck Ave. |                                    | Transaction ID: 51201.C834                     |
| City<br>White Plains   | State<br>NY                        | Zip Code<br>10605-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Westchester Audiology Center                       | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Patricia Harrington-Gans</b>                             |   | Date of Receipt<br>M / D / Y<br>03 / 17 / 2005 |
| Mailing Address American Institute Of Balance<br>11290 Park Blvd.   |   | Transaction ID: 51201.C844                     |
| City State Zip Code<br>Seminole FL 33772-0000   | Amount of Each Receipt this Period<br>500.00                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>                                       |   | Receipt  |
| Name of Employer<br>American Institute Of Balance<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>Audiologist<br>Aggregate Year-to-Date ▼<br>500.00 |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Karan Jacobs</b>                              |   | Date of Receipt<br>M / D / Y<br>03 / 21 / 2005 |
| Mailing Address AVA Hearing Center<br>5344 Plainfield NE #3                                    |   | Transaction ID: 51201.C815                     |
| City State Zip Code<br>Grand Rapids MI 49525-0000  | Amount of Each Receipt this Period<br>100.00                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>                            |   | Receipt  |
| Name of Employer<br>AVA Hearing Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>Audiologist<br>Aggregate Year-to-Date ▼<br>100.00 |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Karan Jacobs</b>                              |   | Date of Receipt<br>M / D / Y<br>03 / 29 / 2005 |
| Mailing Address AVA Hearing Center<br>5344 Plainfield NE #3                                    |   | Transaction ID: 51201.C814                     |
| City State Zip Code<br>Grand Rapids MI 49525-0000  | Amount of Each Receipt this Period<br>150.00                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>                            |   | Receipt  |
| Name of Employer<br>AVA Hearing Center<br>Receipt For:<br>Primary General<br>Other (specify) ▼ | Occupation<br>Audiologist<br>Aggregate Year-to-Date ▼<br>250.00 |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |                           |  |  |
|--|---------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Craig Johnson</b>           |                           | Date of Receipt<br>M / D / Y<br>03 / 20 / 2005 |  |
| Mailing Address<br>Audiology Associates, Inc.<br>7113 Ambassador Road        |                           | Transaction ID: 51201.C926                     |  |
| City<br>Baltimore  | State<br>MD               | Zip Code<br>21244-0000                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                           | Receipt  |  |
| Name of Employer<br>Audiology Associates, Inc.                               | Occupation<br>Audiologist | Aggregate Year-to-Date ▼<br>500.00             |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                    |                           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Kathy Landau-goodman</b>    |                           | Date of Receipt<br>M / D / Y<br>03 / 16 / 2005 |  |
| Mailing Address<br>Main Line Audiology Consultants, P<br>822 Montgomery Ave. |                           | Transaction ID: 51201.C1016                    |  |
| City<br>Narberth   | State<br>PA               | Zip Code<br>19072-0000                         | Amount of Each Receipt this Period<br>250.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                           | Receipt  |  |
| Name of Employer<br>Main Line Audiology Consultant                           | Occupation<br>Audiologist | Aggregate Year-to-Date ▼<br>250.00             |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                    |                           |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Matlyn Larkin</b>           |                           | Date of Receipt<br>M / D / Y<br>01 / 04 / 2005 |  |
| Mailing Address<br>3829 Bermuda Court  |                           | Transaction ID: 51201.C1019                    |  |
| City<br>Punta Gorda  | State<br>FL               | Zip Code<br>33550-0000                         | Amount of Each Receipt this Period<br>500.00 |
| FEC ID number of contributing federal political committee.<br><b>C</b>       |                           | Receipt  |  |
| Name of Employer<br>Harbor Audiology   | Occupation<br>Audiologist | Aggregate Year-to-Date ▼<br>500.00             |  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                    |                           |  |  |

SUBTOTAL of Receipts This Page (optional) ..... ► **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. William Larsen</b> |                                    | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005 |
| Mailing Address Appalachian Hearing & Balance<br>1242 Hockman Pike  |                                    | Transaction ID: 51201.C1024                    |
| City Bluefield  | State VA                           | Zip Code 24805-0000                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Appalachian Hearing & Balance                   | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DR. Angela Loevenbruck</b> |                                    | Date of Receipt<br>M / D / Y<br>03 / 14 / 2005 |
| Mailing Address Loevenbruck Audiology<br>500 New Hem                        |                                    | Transaction ID: 60131.C67                      |
| City New City   | State NY                           | Zip Code 10956                                 |
| FEC ID number of contributing federal political committee. <b>C</b>         |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Loevenbruck Audiology                                   | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DR. Angela Loevenbruck</b> |                                    | Date of Receipt<br>M / D / Y<br>04 / 02 / 2005 |
| Mailing Address Loevenbruck Audiology<br>500 New Hem                        |                                    | Transaction ID: 60131.C68                      |
| City New City   | State NY                           | Zip Code 10956                                 |
| FEC ID number of contributing federal political committee. <b>C</b>         |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Loevenbruck Audiology                                   | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                        | Aggregate Year-to-Date ▼<br>500.00 |  |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>1000.00</b> |
| TOTAL This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 17 |
|                                     | 13  |                          | 14  |                          | 15  |                          | 16 |                          |    |

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael Malahan</b>                  |                                    | Date of Receipt<br>M / D / Y<br>04 / 01 / 2005 |
| Mailing Address The Hearing & Balance Lab, P.C.<br>Providence Medical Center-Mill Cre |                                    | Transaction ID: 51201.C1077                    |
| City<br>Everett   | State<br>WA                        | Zip Code<br>98208-4013                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>                |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>The Hearing & Balance Lab,<br>P.C.                                | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                                  | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Whitney Mauldin</b>   |                                    | Date of Receipt<br>M / D / Y<br>03 / 30 / 2005 |
| Mailing Address 1311 Asbenwood Trail Nw                                |                                    | Transaction ID: 51201.C1103                    |
| City<br>Cleveland  | State<br>TN                        | Zip Code<br>37312-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Information Requested                              | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. John Miles</b>        |                                    | Date of Receipt<br>M / D / Y<br>04 / 02 / 2005 |
| Mailing Address 320 Dardanelli Lane<br>Suite 13                        |                                    | Transaction ID: 51201.C1139                    |
| City<br>Los Gatos  | State<br>CA                        | Zip Code<br>95032-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Information Requested                              | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts TN's Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stephen Mack</b>         |  | Date of Receipt<br>M / D / Y<br>01 / 28 / 2005 |  |
| Mailing Address NE Hearing & Balance Centers<br>401 Adams Avenue          |  | Transaction ID: 51201.C137                     |  |
| City State Zip Code<br>Scranton PA 18510-0000                             | Amount of Each Receipt this Period<br>500.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>       |  | Receipt  |  |
| Name of Employer<br>NE Hearing & Balance Centers                          | Occupation<br>Audiologist                    | Aggregate Year-to-Date ▼<br>500.00             |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      |  |  |  |
| Full Name (Last, First, Middle Initial)<br><b>B. Ram Nieschear</b>        |  | Date of Receipt<br>M / D / Y<br>04 / 01 / 2005 |  |
| Mailing Address The Hearing Center Of Lake Charles<br>2000 Oak Park Blvd. |  | Transaction ID: 51201.C1183                    |  |
| City State Zip Code<br>Lake Charles LA 70601-0000                         | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>       |  | Receipt  |  |
| Name of Employer<br>The Hearing Center Of Lake Charles                    | Occupation<br>Audiologist                    | Aggregate Year-to-Date ▼<br>250.00             |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      |  |  |  |
| Full Name (Last, First, Middle Initial)<br><b>C. Daniel Orcht</b>         |  | Date of Receipt<br>M / D / Y<br>01 / 19 / 2005 |  |
| Mailing Address Hearing & Balance Ctr. Of W. Tn<br>8242 Poplar Ave.       |  | Transaction ID: 51201.C1200                    |  |
| City State Zip Code<br>Memphis TN 38119-0000                              | Amount of Each Receipt this Period<br>250.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>       |  | Receipt  |  |
| Name of Employer<br>Hearing & Balance Ctr. Of W. T                        | Occupation<br>Audiologist                    | Aggregate Year-to-Date ▼<br>250.00             |  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                      |  |  |  |

SUBTOTAL of Receipts TN's Page (optional) ..... ► **1000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Susan Parr</b>        |   | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005      |
| Mailing Address<br>Parrs Pro Hearing Services<br>900 Bryan St.         |   | Transaction ID: 51201.C1221                         |
| City<br>Huntingdon   | State<br>PA                               | Zip Code<br>16652-0000                              |
| FEC ID number of contributing federal political committee.<br><b>C</b> |   | Amount of Each Receipt this Period<br><b>250.00</b> |
| Name of Employer<br>Parrs Pro Hearing Services                         | Occupation<br>Audiologist                 | Receipt   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Todd Porter</b>           |  | Date of Receipt<br>M / D / Y<br>03 / 07 / 2005     |
| Mailing Address<br>Irving Hearing Aid Dispensary<br>800 W. Airport Freeway |  | Transaction ID: 51201.C1282                        |
| City<br>Irving   | State<br>TX                              | Zip Code<br>75062-6312                             |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |  | Amount of Each Receipt this Period<br><b>50.00</b> |
| Name of Employer<br>Irving Hearing Aid Dispensary                          | Occupation<br>Audiologist                | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br><b>50.00</b> |  |

|  |   |   |
|--|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Todd Porter</b>           |   | Date of Receipt<br>M / D / Y<br>04 / 15 / 2005      |
| Mailing Address<br>Irving Hearing Aid Dispensary<br>800 W. Airport Freeway |   | Transaction ID: 51201.C1283                         |
| City<br>Irving   | State<br>TX                               | Zip Code<br>75062-6312                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>     |   | Amount of Each Receipt this Period<br><b>200.00</b> |
| Name of Employer<br>Irving Hearing Aid Dispensary                          | Occupation<br>Audiologist                 | Receipt   |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                  | Aggregate Year-to-Date ▼<br><b>250.00</b> |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Georgine Ray</b>         |                                    | Date of Receipt<br>M / D / Y<br>04 / 15 / 2005 |
| Mailing Address<br>Affiliated Audiology Consultants<br>4638 E. Shea Blvd. |                                    | Transaction ID: 51201.C1295                    |
| City<br>Phoenix   | State<br>AZ                        | Zip Code<br>85028-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>    |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Affiliated Audiology Consul-<br>tan                   | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                 | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Cindy Simon</b>       |                                    | Date of Receipt<br>M / D / Y<br>04 / 01 / 2005 |
| Mailing Address<br>South Miami Audiology<br>8280 Sunset Dr.            |                                    | Transaction ID: 51201.C1390                    |
| City<br>South Miami  | State<br>FL                        | Zip Code<br>33143-4800                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>South Miami Audiology                              | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                   |  |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Brad Stach</b>                       |                                   | Date of Receipt<br>M / D / Y<br>03 / 18 / 2005 |
| Mailing Address<br>Henry Ford Health System Audiology<br>2799 W Grand Blvd., Floor K8 |                                   | Transaction ID: 51201.C56                      |
| City<br>Detroit   | State<br>MI                       | Zip Code<br>48202-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>                |                                   | Amount of Each Receipt this Period<br>50.00    |
| Name of Employer<br>Henry Ford Health System<br>Audio                                 | Occupation<br>Audiologist         | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                             | Aggregate Year-to-Date ▼<br>50.00 |  |

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|---|---|--------|
| SUBTOTAL of Receipts This Page (optional) .....           | ▶ | 550.00 |
| TOTAL This Period (last page this line number only) ..... | ▶ |        |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Brad Stach</b>                    |  | Date of Receipt<br>M / D / Y<br>03 / 29 / 2005 |
| Mailing Address Henry Ford Health System Audiology<br>2799 W Grand Blvd., Floor K8 |  | Transaction ID: 51201.C57                      |
| City State Zip Code<br>Detroit MI 48202-0000                                       | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Henry Ford Health System<br>Audio                              | Occupation<br>Audiologist  | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                               | Aggregate Year-to-Date ▼<br>550.00                                     |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Charles Stone</b> |  | Date of Receipt<br>M / D / Y<br>03 / 23 / 2005 |
| Mailing Address Esco Agency<br>3215 Fembrook Lane N                |  | Transaction ID: 51201.C1438                    |
| City State Zip Code<br>Plymouth MN 55447-5325                      | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>125.00   |
| Name of Employer<br>Information Requested                          | Occupation<br>Information Requested                                    | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>125.00                                     |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Charles Stone</b> |  | Date of Receipt<br>M / D / Y<br>04 / 07 / 2005 |
| Mailing Address Esco Agency<br>3215 Fembrook Lane N                |  | Transaction ID: 51201.C1438                    |
| City State Zip Code<br>Plymouth MN 55447-5325                      | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>125.00   |
| Name of Employer<br>Information Requested                          | Occupation<br>Information Requested                                    | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>250.00                                     |  |

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|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kathleen Sullivan</b> |                                    | Date of Receipt<br>M / D / Y<br>04 / 01 / 2005 |
| Mailing Address<br>Mission Audiology<br>26302 La Paz Road              |                                    | Transaction ID: 51201.C1445                    |
| City<br>Mission Viejo  | State<br>CA                        | Zip Code<br>92691-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>300.00   |
| Name of Employer<br>Mission Audiology                                  | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼              | Aggregate Year-to-Date ▼<br>300.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. June Uyehara-Isano</b> |                                    | Date of Receipt<br>M / D / Y<br>03 / 31 / 2005 |
| Mailing Address<br>Audiology Consultant & Serv.<br>1380 Lusitana St.    |                                    | Transaction ID: 51201.C1486                    |
| City<br>Honolulu  | State<br>HI                        | Zip Code<br>96813-2449                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Audiology Consultant & Serv.                        | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼               | Aggregate Year-to-Date ▼<br>250.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mary Vesthoff</b>            |                                    | Date of Receipt<br>M / D / Y<br>04 / 01 / 2005 |
| Mailing Address<br>Emerald Coast Hearing Associates,<br>339 Racetrack Rd. #2D |                                    | Transaction ID: 51201.C1503                    |
| City<br>Ft. Walton Beach  | State<br>FL                        | Zip Code<br>32547-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b>        |                                    | Amount of Each Receipt this Period<br>500.00   |
| Name of Employer<br>Emerald Coast Hearing Ass-<br>ociat                       | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary      General<br>Other (specify) ▼                     | Aggregate Year-to-Date ▼<br>500.00 |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1050.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mary Wade</b>         |                                    | Date of Receipt<br>M / D / Y<br>01 / 18 / 2005 |
| Mailing Address 15805 Sixth St. Road                                   |                                    | Transaction ID: 51201.C1525                    |
| City<br>Wamego   | State<br>KS                        | Zip Code<br>66547-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>300.00   |
| Name of Employer Information Requested                                 | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>300.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Weissman</b>   |                                    | Date of Receipt<br>M / D / Y<br>01 / 28 / 2005 |
| Mailing Address 127 N Madison Avenue<br>Suite 24                       |                                    | Transaction ID: 51201.C1517                    |
| City<br>Pasadena   | State<br>CA                        | Zip Code<br>91101-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer Information Requested                                 | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Gail Whitekaw</b>     |                                    | Date of Receipt<br>M / D / Y<br>03 / 21 / 2005 |
| Mailing Address Ohio State University<br>1070 Carmack Rd.              |                                    | Transaction ID: 51201.CB5                      |
| City<br>Columbus   | State<br>OH                        | Zip Code<br>43210-0000                         |
| FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>100.00   |
| Name of Employer<br>Ohio State University                              | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                   | Aggregate Year-to-Date ▼<br>100.00 |  |

|   |               |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>650.00</b> |
| TOTAL This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

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(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Gail Whiteley</b>  |                                    | Date of Receipt<br>M / D / Y<br>03 / 20 / 2005 |
| Mailing Address Ohio State University<br>1070 Carmack Rd.           |                                    | Transaction ID: 51201.C96                      |
| City Columbus   | State OH                           | Zip Code 43210-0000                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Ohio State University                           | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>350.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. James Wise</b>     |                                    | Date of Receipt<br>M / D / Y<br>03 / 25 / 2005 |
| Mailing Address Associated Audiologists Inc.<br>13025 So Murlen     |                                    | Transaction ID: 51201.C1566                    |
| City Olathe   | State KS                           | Zip Code 66062-0000                            |
| FEC ID number of contributing federal political committee. <b>C</b> |                                    | Amount of Each Receipt this Period<br>250.00   |
| Name of Employer<br>Associated Audiologists Inc                     | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                | Aggregate Year-to-Date ▼<br>250.00 |  |

|  |                                    |  |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Leslie Young</b>              |                                    | Date of Receipt<br>M / D / Y<br>04 / 02 / 2005 |
| Mailing Address Advanced Hearing Solutions Of S Tx<br>3201 Airline Rd. Suite C |                                    | Transaction ID: 51201.C172                     |
| City Corpus Christi  | State TX                           | Zip Code 78414-0000                            |
| FEC ID number of contributing federal political committee. <b>C</b>            |                                    | Amount of Each Receipt this Period<br>215.00   |
| Name of Employer<br>Advanced Hearing Solutions Of                              | Occupation<br>Audiologist          | Receipt  |
| Receipt For:<br>Primary General<br>Other (specify) ▼                           | Aggregate Year-to-Date ▼<br>215.00 |  |

|   |                 |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) .....           | <b>715.00</b>   |
| TOTAL This Period (last page this line number only) ..... | <b>14265.00</b> |

**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)

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|                                    |                                    |   |                                    |                                   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Congressman Joe Barton Committee

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120-

Purpose of Disbursement  
JOE BARTON (TX-6-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E60  
Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

JOE BARTON (TX-6-R)

Full Name (Last, First, Middle Initial)  
B. A Lot of People Who Support Jeff Bingama

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87101-

Purpose of Disbursement  
JEFF BINGAMAN (NM-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E36  
Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

2000.00

JEFF BINGAMAN (NM-D)

Full Name (Last, First, Middle Initial)  
C. Mary Bono Committee

Mailing Address P.O. Box 3370

City Palm Springs State CA Zip Code 92263-

Purpose of Disbursement  
MARY BONO (CA-45-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E3  
Date of Disbursement

05 / 13 / 2005

Amount of Each Disbursement this Period

1000.00

MARY BONO (CA-45-R)

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

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|                                    |                                    |   |                                    |                                   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Coleman For Senate 08</b>       |  | Transaction ID: 51201.E69<br>Date of Disbursement<br>05 / 11 / 2005 |  |
| Mailing Address 570 Asbury St<br>Suite 201A                                      |  | Amount of Each Disbursement this Period<br>1000.00                  |  |
| City Saint Paul<br>State MN<br>Zip Code 55104-                                   | Purpose of Disbursement<br>NORM COLEMAN (MN-R)   | Category/<br>Type<br>NORM COLEMAN (MN-R)                            |  |
| Candidate Name<br>Office Sought: House<br>Senate<br>President<br>State: District | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Collins for Senator</b>         |  | Transaction ID: 51201.E24<br>Date of Disbursement<br>06 / 21 / 2005 |  |
| Mailing Address PO Box 1066  |  | Amount of Each Disbursement this Period<br>1000.00                  |  |
| City Bangor<br>State ME<br>Zip Code 04402-                                       | Purpose of Disbursement<br>SUSAN M. COLLINS (ME-R)   | Category/<br>Type<br>SUSAN M. COLLINS (ME-R)                        |  |
| Candidate Name<br>Office Sought: House<br>Senate<br>President<br>State: District | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Kent Conrad</b>      |  | Transaction ID: 51201.E44<br>Date of Disbursement<br>03 / 02 / 2005 |  |
| Mailing Address PO Box 812   |  | Amount of Each Disbursement this Period<br>1000.00                  |  |
| City Bismarck<br>State ND<br>Zip Code 58502-                                     | Purpose of Disbursement<br>KENT CONRAD (ND-D)  | Category/<br>Type<br>KENT CONRAD (ND-D)                             |  |
| Candidate Name<br>Office Sought: House<br>Senate<br>President<br>State: District | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ |   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3000.00</b> |
| <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)

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|                                    |                                    |   |                                    |                                   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nathan Deal for Congress</b> |  | Transaction ID: 51201.E15<br>Date of Disbursement<br>03 / 02 / 2005 |  |
| Mailing Address PO Box 902<br>PO Box 902                                      |  | Amount of Each Disbursement this Period<br>2500.00                  |  |
| City Gainesville  | State GA   | Zip Code 30503-   | Category/<br>Type<br><br>NATHAN DEAL (GA-10-R) |
| Purpose of Disbursement<br>NATHAN DEAL (GA-10-R)                              |  |   |  |
| Candidate Name  |  |   |  |
| Office Sought: House<br>Senate<br>President                                   | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary<br>Other (specify) ▼ |   |  |
| State: District   |  |   |  |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Rosa Delauro</b> |  | Transaction ID: 51201.E7<br>Date of Disbursement<br>03 / 09 / 2005 |   |
| Mailing Address 49 Huntington Street   |  | Amount of Each Disbursement this Period<br>1000.00                 |   |
| City New Haven   | State CT   | Zip Code 06511-  | Category/<br>Type<br><br>ROSA L. DELAURO (CT-3-D) |
| Purpose of Disbursement<br>ROSA L. DELAURO (CT-3-D)                          |  |  |   |
| Candidate Name   |  |  |   |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary<br>Other (specify) ▼ |  |   |
| State: District  |  |  |   |

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Friends of Rosa Delauro</b> |  | Transaction ID: 51201.E8<br>Date of Disbursement<br>04 / 22 / 2005 |   |
| Mailing Address 49 Huntington Street   |  | Amount of Each Disbursement this Period<br>1000.00                 |   |
| City New Haven   | State CT   | Zip Code 06511-  | Category/<br>Type<br><br>ROSA L. DELAURO (CT-3-D) |
| Purpose of Disbursement<br>ROSA L. DELAURO (CT-3-D)                          |  |  |   |
| Candidate Name   |  |  |   |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary<br>Other (specify) ▼ |  |   |
| State: District  |  |  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4500.00</b> |
| <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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Rosa Delauro

Mailing Address 49 Huntington Street

City State Zip Code  
New Haven CT 06511-

Purpose of Disbursement  
ROSA L. DELAURO (CT-3-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E9  
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

ROSA L. DELAURO (CT-3-D)

Full Name (Last, First, Middle Initial)  
B. Mike Dewine for US Senate

Mailing Address PO Box 340188

City State Zip Code  
Columbus OH 43234-

Purpose of Disbursement  
MIKE DEWINE (OH-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E46  
Date of Disbursement

01 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

MIKE DEWINE (OH-R)

Full Name (Last, First, Middle Initial)  
C. People for English

Mailing Address PO Box 1940

City State Zip Code  
Erie PA 16507-

Purpose of Disbursement  
PHIL ENGLISH (PA-3-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E55  
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

PHIL ENGLISH (PA-3-R)

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Jd Hayworth for Congress

Mailing Address 14300 N. Northsight Blvd. #105

City State Zip Code  
Scottsdale AZ 85260-

Purpose of Disbursement  
J.D. HAYWORTH (AZ-5-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E2  
Date of Disbursement

05 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

J.D. HAYWORTH (AZ-5-R)

Full Name (Last, First, Middle Initial)  
B. Johnson for Congress Committee

Mailing Address P.O. Box 1086

City State Zip Code  
New Britain CT 06050-

Purpose of Disbursement  
NANCY L. JOHNSON (CT-5-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E10  
Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

NANCY L. JOHNSON (CT-5-R)

Full Name (Last, First, Middle Initial)  
C. Nita Lowey for Congress

Mailing Address PO Box 271

City State Zip Code  
White Plains NY 10605-

Purpose of Disbursement  
NITA M. LOWEY (NY-18-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E39  
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

NITA M. LOWEY (NY-18-D)

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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|                                    |                                    |   |                                    |                                   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606-

Purpose of Disbursement  
JAMES P. MCGOVERN (MA-3-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E28  
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

500.00

JAMES P. MCGOVERN (MA-3-D)

Full Name (Last, First, Middle Initial)  
B. Earl Pomeroy for Congress

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502-

Purpose of Disbursement  
EARL POMEROY (ND-1-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E45  
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

EARL POMEROY (ND-1-D)

Full Name (Last, First, Middle Initial)  
C. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310  
1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305-

Purpose of Disbursement  
JIM M. RAMSTAD (MN-3-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E34  
Date of Disbursement

06 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

JIM M. RAMSTAD (MN-3-R)

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

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|                                    |                                    |   |                                    |                                   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310  
1809 Plymouth Road South #31D

City State Zip Code  
Minnetonka MN 55305-

Purpose of Disbursement  
JIM M. RAMSTAD (MN-3-R)

Candidate Name

Office Sought: House Disbursement For: 2006  
Senate X Primary General  
President Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E33  
Date of Disbursement

03 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

JIM M. RAMSTAD (MN-3-R)

Full Name (Last, First, Middle Initial)  
B. Regula for Congress Committee

Mailing Address 733 - 42nd Street NW

City State Zip Code  
Canton OH 44708-

Purpose of Disbursement  
RALPH REGULA (OH-16-R)

Candidate Name

Office Sought: House Disbursement For: 2006  
Senate X Primary General  
President Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E51  
Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

RALPH REGULA (OH-16-R)

Full Name (Last, First, Middle Initial)  
C. Jim Ryun for Congress

Mailing Address PO Box 826

City State Zip Code  
Topeka KS 66601-

Purpose of Disbursement  
JIM R. RYUN (KS-2-R)

Candidate Name

Office Sought: House Disbursement For: 2006  
Senate X Primary General  
President Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E22  
Date of Disbursement

03 / 18 / 2005

Amount of Each Disbursement this Period

5000.00

JIM R. RYUN (KS-2-R)

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Clay Shaw

Mailing Address 2600 NE 14th. Street Causeway  
2600 NE 14th. Street Causeway  
City Pompano Beach State FL Zip Code 33062-

Purpose of Disbursement  
E. CLAY SHAW JR. (FL-22-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼  
State: District

Category/  
Type

Transaction ID: 51201.E98  
Date of Disbursement

06 / 28 / 2005

Amount of Each Disbursement this Period

1000.00

E. CLAY SHAW JR. (FL-22-R)

Full Name (Last, First, Middle Initial)  
B. Friends of Gordon Smith

Mailing Address 228 S Washington St Ste 340  
City Alexandria State VA Zip Code 22314-

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼  
State: District

Category/  
Type

Transaction ID: 51201.E53  
Date of Disbursement

06 / 11 / 2005

Amount of Each Disbursement this Period

1000.00

DEBBIE STABENOW (MI-D)

Full Name (Last, First, Middle Initial)  
C. Stabenow for US Senate

Mailing Address PO Box 4945  
City East Lansing State MI Zip Code 48826-

Purpose of Disbursement  
DEBBIE STABENOW (MI-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼  
State: District

Category/  
Type

Transaction ID: 51201.E67  
Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

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|                                    |                                    |   |                                    |                                   |                                    |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Friends of Craig Thomas

Mailing Address PO Box 1580

City Casper State WY Zip Code 82602-

Purpose of Disbursement  
CRAIG THOMAS (WY-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E81  
Date of Disbursement

06 / 02 / 2005

Amount of Each Disbursement this Period

1000.00

CRAIG THOMAS (WY-R)

Full Name (Last, First, Middle Initial)  
B. Committee to Re Elect Ed Towns

Mailing Address 1132 25th St, NW

City Washington State DC Zip Code 20007-

Purpose of Disbursement  
EDOLPHUS TOWNS (NY-10-D)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E38  
Date of Disbursement

02 / 16 / 2005

Amount of Each Disbursement this Period

1000.00

EDOLPHUS TOWNS (NY-10-D)

Full Name (Last, First, Middle Initial)  
C. Upton for All of US

Mailing Address 104 Hume avenue

City Alexandria State VA Zip Code 22301-

Purpose of Disbursement  
FRED UPTON (MI-8-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E31  
Date of Disbursement

06 / 16 / 2005

Amount of Each Disbursement this Period

2000.00

FRED UPTON (MI-8-R)

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)  
A. Walsh for Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215-

Purpose of Disbursement  
JAMES T. WALSH (NY-25-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E41  
Date of Disbursement

03 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

JAMES T. WALSH (NY-25-R)

Full Name (Last, First, Middle Initial)  
B. Heather Wilson for Congress

Mailing Address P.O. Box 14070  
P.O. Box 14070

City Albuquerque State NM Zip Code 87101-

Purpose of Disbursement  
HEATHER WILSON (NM-1-R)

Candidate Name

Office Sought: House Senate President  
Disbursement For: 2006  
X Primary General  
Other (specify) ▼

State: District

Category/  
Type

Transaction ID: 51201.E71  
Date of Disbursement

02 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

HEATHER WILSON (NM-1-R)

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

36000.00

**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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

|  |   |   |  |
|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Leadership Encouraging Ex</b> |   | Transaction ID: 51201.E97<br>Date of Disbursement<br>05 / 11 / 2005 |  |
| Mailing Address 2875 Towerview Road Suite 1000                                 |   | Amount of Each Disbursement this Period<br>2500.00                  |  |
| City Hemdon<br>State VA<br>Zip Code 20171-                                     | Purpose of Disbursement<br>LEADERSHIP ENCOURAGING EX      | Category/<br>Type   |  |
| Candidate Name   | Disbursement For:<br>Primary General<br>Other (specify) ▼ |   |  |
| Office Sought: House<br>Senate<br>President                                    | State: District   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LINC PAC</b> |   | Transaction ID: 51201.E91<br>Date of Disbursement<br>01 / 19 / 2005 |  |
| Mailing Address 818 CONNECTICUT AVE, NW<br>SUITE 1100         |   | Amount of Each Disbursement this Period<br>1000.00                  |  |
| City WASHINGTON<br>State DC<br>Zip Code 20006-                | Purpose of Disbursement<br>LINC PAC                       | Category/<br>Type   |  |
| Candidate Name  | Disbursement For:<br>Primary General<br>Other (specify) ▼ |   |  |
| Office Sought: House<br>Senate<br>President                   | State: District   |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Patriots for United Leadership</b> |   | Transaction ID: 51201.E96<br>Date of Disbursement<br>03 / 25 / 2005 |  |
| Mailing Address PO Box 4508   |   | Amount of Each Disbursement this Period<br>1000.00                  |  |
| City Arlington<br>State VA<br>Zip Code 22204-                                       | Purpose of Disbursement<br>PATRIOTS FOR UNITED LEADE      | Category/<br>Type   |  |
| Candidate Name  | Disbursement For:<br>Primary General<br>Other (specify) ▼ |   |  |
| Office Sought: House<br>Senate<br>President   | 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)

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|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input 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 checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
American Academy of Audiology, Inc. PAC

Full Name (Last, First, Middle Initial)

A. TomPAC

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
TOMPAC

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 51201.E92

Date of Disbursement

03 / 09 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

9500.00