

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

## HEARPAC OF HEARING INDUSTRIES ASSOCIATION

ADDRESS (number and street) 700 Pennsylvania Ave SE  
 (Check if address is changed) Suite 2001  
Washington DC 20003  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
 (Check if address is changed) lrobinson@hearing.org  
Optional Second E-Mail Address  
kcarr@hearing.org

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed) www.hearing.org

2. DATE 08 / 02 / 2018

3. FEC IDENTIFICATION NUMBER  C C00437798

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer Sawalich, Brandon, , ,

Signature of Treasurer Sawalich, Brandon, , , [Electronically Filed] Date 08 / 02 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# HEARPAC OF HEARING INDUSTRIES ASSOCIATION

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Hearing Industries Association

Mailing Address 700 Pennsylvania Ave SE  
 Suite 2001  
 Washington DC 20003  
 CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Carr, Kathleen, , ,  
 Mailing Address 700 Pennsylvania Ave SE  
 Suite 2001  
 Washington DC 20003  
 CITY STATE ZIP CODE  
 Title or Position  
 President Telephone number 202 - 975 - 0905

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Sawalich, Brandon, , ,  
 Mailing Address 6700 Washington Ave S  
 Eden Prairie MN 55344  
 CITY STATE ZIP CODE  
 Title or Position  
 Treasurer Telephone number 952 - 828 - 6900

Full Name of Designated Agent

Carr, Kathleen, , ,

Mailing Address

700 Pennsylvania Ave SE

Suite 2001

Washington

DC

20003

CITY

STATE

ZIP CODE

Title or Position

President

Telephone number

202

975

0905

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Burke & Herbert

Mailing Address

100 Fairfax St.

Alexandria

VA

22314

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE