

# 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  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

ADDRESS (number and street) 1444 I St., NW, Suite 700  
 Check if different than previously reported. (ACC)  
Washington DC 20005

2. **FEC IDENTIFICATION NUMBER** C00437798  
3. IS THIS REPORT  NEW (N) OR  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)  
 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 (12G)  
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 2011 through 06 30 2011

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 Jerome Ruzicka

Signature of Treasurer Electronically Filed by Jerome Ruzicka Date 07 12 2011

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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		22011.37
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	22011.37									
(c) Total Receipts (from Line 19) .....	33275.00	33275.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55286.37	55286.37								
7. Total Disbursements (from Line 31) .....	28880.00	28880.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	26406.37	26406.37								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on 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**

Write or Type Committee Name  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	32500.00	32500.00
(ii) Unitemized .....	775.00	775.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33275.00	33275.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	33275.00	33275.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)) .....	33275.00	33275.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33275.00	33275.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B 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.....	880.00	880.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	880.00	880.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	28000.00	28000.00
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 .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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 Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	28880.00	28880.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28880.00	28880.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	33275.00	33275.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33275.00	33275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	880.00	880.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	880.00	880.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20  
(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)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

**A.**

Full Name (Last, First, Middle Initial)  
Tani Austin

Mailing Address 5334 Harbor Town Drive

City State Zip Code  
Dallas TX 75287

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

Name of Employer Occupation  
Starkey Labs Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
04 / 11 / 2011

**Transaction ID:** SA11AI.5125

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
William Austin

Mailing Address 5334 Harbor Town Drive

City State Zip Code  
Dallas TX 75287

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

Name of Employer Occupation  
Starkey Labs CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2011

**Transaction ID:** SA11AI.5109

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Bopp

Mailing Address 2133 Tunlaw Rd. NW

City State Zip Code  
Washington DC 20007

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

Name of Employer Occupation  
Bostrom Corp. Director of Government Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** SA11AI.5153

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**HEARPAC OF HEARING INDUSTRIES ASSOCIATION**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rob Duchscher</p> <p>Mailing Address 15365 Danbury Ave</p> <p>City State Zip Code Rosemont MN 55064</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Starkey Labs Senior VP IT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">03 / 27 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.5107</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Keith Guggenberger</p> <p>Mailing Address 4851 Westminster Rd.</p> <p>City State Zip Code Minnetonka MN 55345</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Starkey Executive</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 18 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.5140</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Kenny Landherr</p> <p>Mailing Address P.O. Box 666</p> <p>City State Zip Code Prior Lake MN 55372</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Starkey Labs, Inc. Finance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 04 / 2011</span></p> <p><b>Transaction ID:</b> SA11AI.5128</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Miller	Date of Receipt
	Mailing Address 4842 Winterset Dr.	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 2 3 / 2 0 1 1
	City State Zip Code Minnetonka MN 55343	<b>Transaction ID:</b> SA11AI.5129
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 1000.00
	Name of Employer Occupation Starkey Labs HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd Murray	Date of Receipt
	Mailing Address 1100 Mohawk Rd.	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 0 / 2 0 1 1
	City State Zip Code Wilmette IL 60091	<b>Transaction ID:</b> SA11AI.5148
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 2500.00
	Name of Employer Occupation GN Hearing Care President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 2500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mike Orscheln	Date of Receipt
	Mailing Address 3020 Trail Crest Lane	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 1 6 / 2 0 1 1
	City State Zip Code Lindenhurst IL 60846	<b>Transaction ID:</b> SA11AI.5147
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 5000.00
	Name of Employer Occupation Phonak President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

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

FOR LINE NUMBER: PAGE 9 / 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A.** Full Name (Last, First, Middle Initial)  
Karen Reiersen  
 Mailing Address 4904 Park Avenue S.  
 City State Zip Code  
 Minneapolis MN 55417  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 1 1  
**Transaction ID:** SA11AI.5146  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Starkey Labs. Corporate Counsel  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Steve & Lisa Richards  
 Mailing Address 9205 Kaeding Avenue NE  
 City State Zip Code  
 Otsego MN 55362  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 2 4 / 2 0 1 1  
**Transaction ID:** SA11AI.5132  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Starkey Labs Sales Management  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Carole M. Rogin  
 Mailing Address 50 East Road, #10E  
 City State Zip Code  
 Delray Beach FL 33483  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 3 / 2 0 1 1  
**Transaction ID:** SA11AI.5152  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bostrom Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20  
(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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A.**

Full Name (Last, First, Middle Initial)  
Jerome Ruzicka

Mailing Address 16110 46th Ave. N

City Plymouth State MN Zip Code 55446

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

Name of Employer Starkey Labs Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 22 / 2011  
**Transaction ID: SA11AI.5104**  
 Amount of Each Receipt this Period: 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Brandon Sawalich

Mailing Address 6425 Beach Rd.

City Eden Prairie State MN Zip Code 55344

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

Name of Employer Starkey labs Occupation VP Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 21 / 2011  
**Transaction ID: SA11AI.5149**  
 Amount of Each Receipt this Period: 2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeff Sticha

Mailing Address 9808 Cove Drive

City Minnetonka State MN Zip Code 55305

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

Name of Employer Starkey Labs Occupation Operations Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 28 / 2011  
**Transaction ID: SA11AI.5143**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 20

(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)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A.**

Full Name (Last, First, Middle Initial)  
Charles Stone

Mailing Address 3215 Fennbrook Ln N

City Plymouth State MN Zip Code 55447

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

Name of Employer ESCO Occupation Audiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 1 1

**Transaction ID:** SA11AI.5102

Amount of Each Receipt this Period  
 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter Tannenwald

Mailing Address 3910 Garrison Street, NW

City Washington State DC Zip Code 20016

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

Name of Employer Fletcher, Heald & Hildreth Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 0 / 2 0 1 1

**Transaction ID:** SA11AI.5117

Amount of Each Receipt this Period  
 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Delain Wright

Mailing Address 583 Linwood Ave

City Whitinsville State NJ Zip Code 00000

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

Name of Employer Panasonic Occupation Director - Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 4 / 2 0 1 1

**Transaction ID:** SA11AI.5088

Amount of Each Receipt this Period  
 250.00

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

1000.00

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

32500.00

**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)

PAGE 12 / 20

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) HEARPAC OF HEARING INDUSTRIES ASSOCIATION</p> <p>Mailing Address 1444 I St., NW, Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2 U.S.C 434(a) - Violation - 2010 Pre-General Report</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5194</p> <p>Date of Disbursement MM / DD / YYYY 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 550.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HEARPAC OF HEARING INDUSTRIES ASSOCIATION</p> <p>Mailing Address 1444 I St., NW, Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2 U.S.C 434(a) - Violation - 2010 Post-General Report</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.5195</p> <p>Date of Disbursement MM / DD / YYYY 04 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 330.00</p>

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

880.00

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

880.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

A.	Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: SB23.5165 Date of Disbursement
	Mailing Address 3069 Conquista Court	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1500.00"/>
	Candidate Name BERKLEY FOR CONGRESS	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BERKLEY FOR SENATE	Transaction ID: SB23.5193 Date of Disbursement
	Mailing Address 3069 CONQUISTA COURT	<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City LAS VEGAS State NV Zip Code 89121	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1500.00"/>
	Candidate Name BERKLEY FOR SENATE	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN	Transaction ID: SB23.5179 Date of Disbursement
	Mailing Address P O BOX 811	<input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5160 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	8	/	2	0	1	1	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	0	8	/	2	0	1	1													
2000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5157 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	9	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	1	9	/	2	0	1	1													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CAROLYN MCCARTHY</p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5164 <b>Date of Disbursement:</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3	/	1	7	/	2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3	/	1	7	/	2	0	1	1													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</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)

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

**A. FRIENDS OF CAROLYN MCCARTHY**

Full Name (Last, First, Middle Initial)

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5180  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**B. FRIENDS OF ERIK PAULSEN**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 44369  
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: MN District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5185  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**C. HATCH ELECTION COMMITTEE INC**

Full Name (Last, First, Middle Initial)

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: UT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5162  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

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

**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)

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS</p> <p>Mailing Address 110 PLANTATION DRIVE</p> <p>City CARSON CITY State NV Zip Code 89703</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5158 <b>Date of Disbursement:</b> 01 / 19 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HELLER FOR SENATE</p> <p>Mailing Address PO BOX 371907</p> <p>City LAS VEGAS State NV Zip Code 89137</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5190 <b>Date of Disbursement:</b> 03 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HELLER FOR SENATE</p> <p>Mailing Address PO BOX 371907</p> <p>City LAS VEGAS State NV Zip Code 89137</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5191 <b>Date of Disbursement:</b> 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<b>A.</b> Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS <hr/> Mailing Address PO BOX 8237 <hr/> City DES MOINES State IA Zip Code 50301 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5173 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS <hr/> Mailing Address PO BOX 8237 <hr/> City DES MOINES State IA Zip Code 50301 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5178 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) MENENDEZ FOR SENATE <hr/> Mailing Address ONE GATEWAY CENTER SUITE 520 <hr/> City NEWARK State NJ Zip Code 07102 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5177 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00

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

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

A.	Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS	Transaction ID: SB23.5161
	Mailing Address 5429 Madison Avenue	Date of Disbursement 01 / 24 / 2011
	City Sacramento State CA Zip Code 95841	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ROSKAM FOR CONGRESS COMMITTEE	Transaction ID: SB23.5167
	Mailing Address P. O. Box 713	Date of Disbursement 03 / 10 / 2011
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHWARTZ FOR CONGRESS	Transaction ID: SB23.5175
	Mailing Address P.O. BOX 2232	Date of Disbursement 03 / 09 / 2011
	City JENKINTOWN State PA Zip Code 19046	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

A.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.5156
	Mailing Address PO BOX 2012	Date of Disbursement 01 / 19 / 2011
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SNOWE FOR SENATE	Transaction ID: SB23.5182
	Mailing Address PO BOX 2012	Date of Disbursement 05 / 25 / 2011
	City PORTLAND State ME Zip Code 04104	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) STABENOW FOR US SENATE	Transaction ID: SB23.5163
	Mailing Address P.O. BOX 4945	Date of Disbursement 02 / 17 / 2011
	City EAST LANSING State MI Zip Code 48826	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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NAME OF COMMITTEE (In Full)  
HEARPAC OF HEARING INDUSTRIES ASSOCIATION

<p><b>A.</b> Full Name (Last, First, Middle Initial) VAN HOLLEN FOR CONGRESS</p> <p>Mailing Address 10537 St. Paul Street</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5186</p> <p>Date of Disbursement MM / DD / YYYY 06 / 14 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) VICTORY NOW PAC</p> <p>Mailing Address 10605 Concord Street-Ste. 202 Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5168</p> <p>Date of Disbursement MM / DD / YYYY 03 / 08 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) WE THE PEOPLE PAC</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5187</p> <p>Date of Disbursement MM / DD / YYYY 06 / 23 / 2011</p> <p>Amount of Each Disbursement this Period <input type="text" value="1000.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="28000.00"/>