

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 Reston VA 20190

2. FEC IDENTIFICATION NUMBER C00342972 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2008 through 09 30 2008

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 Cheryl Carey

Signature of Treasurer Electronically Filed by Cheryl Carey Date 03 13 2009

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 table with 7 columns and 1 row, followed by FEC FORM 3X (Rev. 12/2004)

**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:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		55764.62
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	30466.83									
(c) Total Receipts (from Line 19)	2390.07	26804.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32856.90	82568.90								
7. Total Disbursements (from Line 31)	12500.00	62212.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20356.90	20356.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Audiology, Inc. PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	1972.64	15223.14
(i) Itemized (use Schedule A)		
(ii) Unitemized	417.43	11581.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2390.07	26804.28
(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)	2390.07	26804.28
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))	2390.07	26804.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2390.07	26804.28

DETAILED SUMMARY PAGE

of Disbursements

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	62000.00
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	212.00
(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	212.00
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))..	12500.00	62212.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	62212.00

DETAILED SUMMARY PAGE
of Disbursements

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)	2390.07	26804.28
34. Total Contribution Refunds (from Line 28(d))	0.00	212.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2390.07	26592.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(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

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

A.

Full Name (Last, First, Middle Initial) Ben Dawsey		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address Audiology Associates Of Spartanbur 410 E. Henry Street		Transaction ID: AE1CCCE8491634C7E8B6
City Spartanburg	State SC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 146.50
Name of Employer Audiology Associates	Occupation Audiologist	Aggregate Year-to-Date 879.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Karen Jacobs		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address Ava Hearing Center 5344 Plainfield Ne #3		Transaction ID: ACDFDCA6FD411407799C
City Grand Rapids	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ava Hearing Center	Occupation Audiologist	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Ann McMahon		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address Center For Better Hearing Llc 160 West St.		Transaction ID: A4568AC27FB4D441E86E
City Cromwell	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Center For Better Hearing, Llc	Occupation Audiologist	Aggregate Year-to-Date 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	246.50
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: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Darcy Benson		Date of Receipt MM / DD / YYYY 07 / 15 / 2008		
	Mailing Address California Hearing Center 88 N. San Mateo Drive		Transaction ID: AB5CBC622B9E74B5AB17		
	City San Mateo	State CA	Zip Code 94401-2824	Amount of Each Receipt this Period 312.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer California Hearing Center		Occupation Audiologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00		

B.	Full Name (Last, First, Middle Initial) Patricia Kricos		Date of Receipt MM / DD / YYYY 07 / 21 / 2008		
	Mailing Address 1743 NW 17th Ln		Transaction ID: A9B6D521839DB46BD8C4		
	City Gainesville	State FL	Zip Code 32605-4084	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Of Florida		Occupation Audiologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Debra Abel		Date of Receipt MM / DD / YYYY 08 / 18 / 2008		
	Mailing Address 15525 Pomerado Rd E-1		Transaction ID: ACB4C67B209A64BE29F0		
	City Poway	State CA	Zip Code 92064-2435	Amount of Each Receipt this Period 26.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hrc Poway		Occupation Audiologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00		

SUBTOTAL of Receipts This Page (optional)	▶	588.00
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: (check only one)	PAGE 8 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Ann McMahon	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address Center For Better Hearing Llc 160 West St.	Transaction ID: A2EACFFA42B814792B05
	City State Zip Code Cromwell CT 06416-2441	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Center For Better Hearing, Llc Occupation Audiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Karen Jacobs	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address Ava Hearing Center 5344 Plainfield Ne #3	Transaction ID: A1B24E77E02604EAA810
	City State Zip Code Grand Rapids MI 49525-1009	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Ava Hearing Center Occupation Audiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Ben Dawsey	Date of Receipt MM / DD / YYYY 08 / 18 / 2008
	Mailing Address Audiology Associates Of Spartanbur 410 E. Henry Street	Transaction ID: A290F1CF35D77403BBA8
	City State Zip Code Spartanburg SC 29302-2610	Amount of Each Receipt this Period 146.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer Audiology Associates Occupation Audiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1025.50	

SUBTOTAL of Receipts This Page (optional)	246.50
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: (check only one)	PAGE 9 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Sara Lake	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address American Academy Of Audiology 11730 Plaza America Dr.	Transaction ID: A5DE10B71A45244CD9BF
	City Reston State VA Zip Code 20190-4748	Amount of Each Receipt this Period 13.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Board Of Audiolo- gy Occupation Managing Director	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.55

B.	Full Name (Last, First, Middle Initial) Sara Lake	Date of Receipt MM / DD / YYYY 09 / 15 / 2008
	Mailing Address American Academy Of Audiology 11730 Plaza America Dr.	Transaction ID: A2CF58B888DAF47DABD9
	City Reston State VA Zip Code 20190-4748	Amount of Each Receipt this Period 13.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Board Of Audiolo- gy Occupation Managing Director	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 217.12

C.	Full Name (Last, First, Middle Initial) Ann McMahon	Date of Receipt MM / DD / YYYY 09 / 22 / 2008
	Mailing Address Center For Better Hearing Llc 160 West St.	Transaction ID: A4BF9A497D6D34E9CAB1
	City Cromwell State CT Zip Code 06416-2441	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Center For Better Hearing, Llc Occupation Audiologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00

SUBTOTAL of Receipts This Page (optional)	77.14
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 / 15
(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

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

A.

Full Name (Last, First, Middle Initial) Karen Jacobs		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
Mailing Address Ava Hearing Center 5344 Plainfield Ne #3		Transaction ID: A47D9E8751575438F9A7
City Grand Rapids	State Zip Code MI 49525-1009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ava Hearing Center	Occupation Audiologist	Aggregate Year-to-Date 450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Ben Dawsey		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
Mailing Address Audiology Associates Of Spartanbur 410 E. Henry Street		Transaction ID: AA52EC15897454F198CE
City Spartanburg	State Zip Code SC 29302-2610	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 146.50
Name of Employer Audiology Associates	Occupation Audiologist	Aggregate Year-to-Date 1172.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Pamela Fiebig		Date of Receipt MM / DD / YYYY 09 / 22 / 2008
Mailing Address Northwestern University 675 North Fairbanks		Transaction ID: AB8003981F458438C969
City Chicago	State Zip Code IL 60611-5967	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Northwestern University	Occupation Audiologist	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	446.50
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: (check only one)	PAGE 11 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Debra Abel		Date of Receipt
	Mailing Address 15525 Pomerado Rd E-1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 22 / 2008
	City	State	Zip Code
	Poway	CA	92064-2435
	FEC ID number of contributing federal political committee. C		Transaction ID: A20A34551F05D4021A1B
Name of Employer Hrc Poway		Occupation Audiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 26.00
		<input type="text"/> 234.00	

B.	Full Name (Last, First, Middle Initial) Victoria Keetay		Date of Receipt
	Mailing Address 11730 Plz America Dr Suite 300		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2008
	City	State	Zip Code
	Reston	VA	20190-4747
	FEC ID number of contributing federal political committee. C		Transaction ID: ADECAB79EFFBB46F3A17
Name of Employer American Academy Of Audio-logy		Occupation Audiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 312.00
		<input type="text"/> 312.00	

C.	Full Name (Last, First, Middle Initial) Sara Lake		Date of Receipt
	Mailing Address American Academy Of Audiology 11730 Plaza America Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2008
	City	State	Zip Code
	Reston	VA	20190-4748
	FEC ID number of contributing federal political committee. C		Transaction ID: AFB28409410AE4F9FB89
Name of Employer American Board Of Audiolo-gy		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 13.57
		<input type="text"/> 230.69	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 351.57
TOTAL 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 12 / 15	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Phil Bongiorno		Date of Receipt	
	Mailing Address 11730 Plz America Dr Suite 300 Suite 300		M M / D D / Y Y Y Y 09 / 30 / 2008	
	City	State	Zip Code	Transaction ID: A59B82D0DA6C44068BA8
	Reston	VA	20190-4748	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		16.43	
Name of Employer American Academy Of Audio-logy		Occupation Senior Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.59		

SUBTOTAL of Receipts This Page (optional)	▶	16.43
TOTAL This Period (last page this line number only)	▶	1972.64

**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 13 / 15

<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

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

<p>A. Full Name (Last, First, Middle Initial) Our Congress PAC</p> <p>Mailing Address PO Box 344</p> <p>City Prescott State AR Zip Code 71857</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 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Unknown0</p>	<p>Transaction ID: BB3672208C7784724A6D</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 30 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Courtney for Congress</p> <p>Mailing Address 501 Capitol Court, NE Suite 100</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Joe Courtney Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 02</p>	<p>Transaction ID: B6FE52332A33D43A59D2</p> <p>Date of Disbursement <input type="text"/> 09 / <input type="text"/> 10 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin for SD</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Stephanie Herseth Sandlin Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01</p>	<p>Transaction ID: BD65B4B4C862745E5A6F</p> <p>Date of Disbursement <input type="text"/> 07 / <input type="text"/> 29 / <input type="text"/> 2008</p> <p>Amount of Each Disbursement this Period <input type="text"/> 1000.00</p>

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)

<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

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

A. Full Name (Last, First, Middle Initial) Friends of Mark Warner <hr/> Mailing Address 1029 North Royal St <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Mark Warner <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5C50A9B7B0FF4156A85 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Victoria Wulsin for Congress <hr/> Mailing Address 1080 Nimitzview Drive <hr/> City Cincinnati State OH Zip Code 45230 <hr/> Purpose of Disbursement <hr/> Candidate Name Victoria Wulsin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3CF5D2BA51AC485A9FF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee <hr/> Mailing Address PO Box 360 <hr/> City Prescott State AR Zip Code 71857 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Mike Ross <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5E89D5BCED494E29BFF Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

PAGE 15 / 15

<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

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

A. Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee Mailing Address PO Box 60405 City Worcester State MA Zip Code 01606 Purpose of Disbursement Candidate Name Rep. James P. McGovern Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5348226EAE51424CBF2 Date of Disbursement 09 / 10 / 2008
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Crowley For Congress Mailing Address 426 C Street, NE City Washington State DC Zip Code 20002 Purpose of Disbursement Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE132196C77364A348AE Date of Disbursement 09 / 10 / 2008
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	12500.00