

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
Medical Device Manufacturers Association PAC

ADDRESS (number and street) P.O. Box 34591  
Check if different than previously reported. (ACC) Washington DC 20043

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00484162 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 Year-End 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 (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
07 01 2020 through 09 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
DeVinney, Sheri, , ,  
Type or Print Name of Treasurer

Signature of Treasurer DeVinney, Sheri, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
10 07 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Medical Device Manufacturers Association PAC

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="21771.55"/>	<input type="text" value="21771.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="91271.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="102000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="91271.55"/>	<input type="text" value="123771.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44500.00"/>	<input type="text" value="77000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="46771.55"/>	<input type="text" value="46771.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Medical Device Manufacturers Association PAC**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	92000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	92000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	102000.00
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 Transfers (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)).....▶	0.00	102000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	102000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	44500.00	77000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	44500.00	77000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44500.00	77000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	102000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	102000.00
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 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"/> 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)  
**Medical Device Manufacturers Association PAC**

**A. Portman For Senate Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement Direct Contribution

Candidate Name **Portman, Rob, , Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OH District:

Date of Disbursement: 07 / 08 / 2020

FEC Identification Number: C00458463  
**Transaction ID : 12683883**

Amount of Each Disbursement this Period: 5000.00

Direct Contribution  Memo Item

**B. Bill Cassidy for US Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement Direct Contribution

Candidate Name **Cassidy, Bill, , Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: LA District:

Date of Disbursement: 07 / 28 / 2020

FEC Identification Number: C00543983  
**Transaction ID : 12713637**

Amount of Each Disbursement this Period: 5000.00

Direct Contribution  Memo Item

**C. Dan Crenshaw For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 430965

City Houston State TX Zip Code 77243

Purpose of Disbursement Direct Contribution

Candidate Name **Crenshaw, Daniel, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 02

Date of Disbursement: 08 / 05 / 2020

FEC Identification Number: C00660795  
**Transaction ID : 12728142**

Amount of Each Disbursement this Period: 2500.00

Direct Contribution  Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 12500.00

**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"/> 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)  
**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Citizens For Rush**

Mailing Address P. O. Box 7292

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Rush, Bobby, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: IL District: 01

Date of Disbursement

/  /

FEC Identification Number

**C** C00257121

**Transaction ID : 12760800**

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve Daines For Montana**

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Daines, Steve, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: MT District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00491357

**Transaction ID : 12803637**

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tony Cardenas For Congress**

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

**011**  
Category/  
Type

Candidate Name  
**Cardenas, Tony, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: CA District: 29

Date of Disbursement

/  /

FEC Identification Number

**C** C00498873

**Transaction ID : 12803658**

Amount of Each Disbursement this Period

Direct Contribution

Memo Item

**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"/> 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)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Curtis For Congress**

Mailing Address 370 East South Temple, Suite 580

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**Curtis, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: UT District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C00647339

**Transaction ID : 12803659**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Todd Young**

Mailing Address 526 6th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Direct Contribution

011  
Category/  
Type

Candidate Name  
**Young, Todd, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: IN District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C00459255

**Transaction ID : 12803660**

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Todd Young**

Mailing Address 526 6th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
**Young, Todd, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: IN District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2020

FEC Identification Number

C00459255

**Transaction ID : 12803665**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

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

7500.00



**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"/> 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)  
**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial) <b>A. Brady for Congress</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 104 Hume Avenue		FEC Identification Number C C00311043 <b>Transaction ID : 12803667</b>
City Alexandria	State VA	Zip Code 22301
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00 Direct Contribution
Candidate Name <b>Brady, Kevin, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 08	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>B. Citizens For Boyle</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address PO Box 11545		FEC Identification Number C C00543363 <b>Transaction ID : 12803668</b>
City Philadelphia	State PA	Zip Code 19116
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00 Direct Contribution
Candidate Name <b>Boyle, Brendan, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 02	Category/Type 011	

Full Name (Last, First, Middle Initial) <b>C. Richard E Neal For Congress Committee</b>		Date of Disbursement MM / DD / YYYY 09 / 30 / 2020
Mailing Address 76 Magnolia Terrace		FEC Identification Number C C00226522 <b>Transaction ID : 12803669</b>
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement Direct Contribution		Amount of Each Disbursement this Period 5000.00 Direct Contribution
Candidate Name <b>Neal, Richard, , Rep.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 01	Category/Type 011	

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

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

15000.00

**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"/> 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)

**Medical Device Manufacturers Association PAC**

Full Name (Last, First, Middle Initial)

**A. Katherine Clark for Congress**

Mailing Address PO Box 361

City  
Malden

State  
MA

Zip Code  
02148

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Clark, Katherine, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00541888

**Transaction ID : 12803673**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Walorski for Congress Inc**

Mailing Address PO Box 954

City  
Mishawaka

State  
IN

Zip Code  
46546

Purpose of Disbursement  
Direct Contribution

011

Category/  
Type

Candidate Name

**Walorski, Jackie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: IN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

FEC Identification Number

C C00468579

**Transaction ID : 12803712**

Amount of Each Disbursement this Period

2500.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

5000.00

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

44500.00