

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 Washington DC 20043 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00484162 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 (selected), 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 01 / 01 / 2021 through 06 / 30 / 2021

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 07 / 13 / 2021

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)

Page 2

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="2021"/>	<input type="text" value="47271.55"/>	<input type="text" value="47271.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="47271.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="109000.00"/>	<input type="text" value="109000.00"/>
(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="156271.55"/>	<input type="text" value="156271.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23000.00"/>	<input type="text" value="23000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="133271.55"/>	<input type="text" value="133271.55"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	96000.00	96000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	96000.00	96000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	12500.00	12500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	108500.00	108500.00
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.....	500.00	500.00
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)).....▶	109000.00	109000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	109000.00	109000.00

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.....	23000.00	23000.00
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)) ..	23000.00	23000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23000.00	23000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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)	108500.00	108500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	108500.00	108500.00
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 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 6 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Packer, Richard, , ,		Date of Receipt MM / DD / YYYY 02 / 02 / 2021
Mailing Address 9 Kendall Dr.		Transaction ID : 13007338
City Westborough	State MA	Zip Code 01581-3840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) ZOLL Medical Corp.	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Huennekens, Richard, , ,		Date of Receipt MM / DD / YYYY 02 / 02 / 2021
Mailing Address 5193 Del Mar Mesa Road		Transaction ID : 13007339
City San Diego	State CA	Zip Code 92130-6812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Volcano Corporation	Occupation (for Individual) President & CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Stiles, Spencer, , ,		Date of Receipt MM / DD / YYYY 02 / 02 / 2021
Mailing Address 8621 Brighten Trail		Transaction ID : 13007340
City Mattawan	State MI	Zip Code 49071-8452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer (for Individual) Stryker	Occupation (for Individual) Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....	9000.00
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 7 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. McGlynn, Casey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 440 Coleridge Ave
 City Palo Alto State CA Zip Code 94301-3609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Manufactures Assn Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2021
Transaction ID : 13007341
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Kerr, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 224 Elvernan Drive
 City West Lafayette State IN Zip Code 47906-7900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cook Medical Occupation (for Individual) President Cook Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2021
Transaction ID : 13007361
 Amount of Each Receipt this Period
 1500.00
 Memo Item

C. Trigg, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Leland Ave
 City Menlo Park State CA Zip Code 94025-6158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2021
Transaction ID : 13007382
 Amount of Each Receipt this Period
 5000.00
 Memo Item

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: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Pierce, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Beechwood Circle
 City Northborough State MA Zip Code 01532-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 04 / 2021**
Transaction ID : 13007383
 Amount of Each Receipt this Period **5000.00**
 Memo Item

B. Richey, Robert, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1400 McKinney St Suite 3602
 City Houston State TX Zip Code 77010-4068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LivaNova, PLC Occupation (for Individual) Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 04 / 2021**
Transaction ID : 13007384
 Amount of Each Receipt this Period **5000.00**
 Memo Item

C. Mazzo, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2576 Monaco Dr.
 City Laguna Beach State CA Zip Code 92651-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carl Zeiss Meditec Occupation (for Individual) Global President Opthamalic Division
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 04 / 2021**
Transaction ID : 13007385
 Amount of Each Receipt this Period **5000.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
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 9 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Boren, Wilber, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 E Bell Dr
 City Warsaw State IN Zip Code 46582-6989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Biomet, Inc. Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 04 / 2021**
Transaction ID : 13007386
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. McCaulley, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 S. Club Drive
 City Wellington State FL Zip Code 33414-9075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 05 / 2021**
Transaction ID : 13007392
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Sweeney, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 East Pearson Street Apt 3502
 City Chicago State IL Zip Code 60611-5268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 08 / 2021**
Transaction ID : 13007398
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
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 10 OF 21
<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)
Medical Device Manufacturers Association PAC

A. Mason, Caren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3093 Willow Heights Rd
 City Fallbrook State CA Zip Code 92028-8193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 08 / 2021**
Transaction ID : 13007399
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Klein, P., Justin, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 W 76th St Ste 2D
 City Edina State MN Zip Code 55435-5242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 09 / 2021**
Transaction ID : 13007405
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Nielsen, Kirk, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3601 W 76th St Ste 2D
 City Edina State MN Zip Code 55435-5242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 09 / 2021**
Transaction ID : 13007406
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 11 OF 21
<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)
Medical Device Manufacturers Association PAC

A. Buckman, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Wildhurst Rd
 City Excelsior State MN Zip Code 55331-8423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Livnova Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 11 / 2021**
Transaction ID : 13007412
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Carrel, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4615 Moorland Avenue
 City Edina State MN Zip Code 55424-1160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Atricure Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 16 / 2021**
Transaction ID : 13007418
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Damico, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1388 W. Lake St.
 City Libertyville State IL Zip Code 60048-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MDMA Occupation (for Individual) Founding Partner & CoChairman
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 24 / 2021**
Transaction ID : 13014150
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
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 12 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Kenny, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Cowboys Way 1514
 City Frisco State TX Zip Code 75034-2360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2021**
Transaction ID : 13041535
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Drant, Ryan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3026 44th Pl. NW
 City Washington State DC Zip Code 20016-3557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New Enterprise Associates Occupation (for Individual) General Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 24 / 2021**
Transaction ID : 13046150
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Leondis, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6102 Chamberlyne Drive
 City Frisco State TX Zip Code 75034-4866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Argon Medical Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 01 / 2021**
Transaction ID : 13054168
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	12500.00
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 13 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Momtazee, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 Nathhorst Ave
 City Portola Valley State CA Zip Code 94028-7938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 23 / 2021**
Transaction ID : 13068251
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Godshall, Douglass, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Overfield Drive
 City Medfield State MA Zip Code 02052-1334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Heartware, Inc. President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 03 / 2021**
Transaction ID : 13101909
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Calcaterra, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 Panorama
 City Trabuco Canyon State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Medical Device Mfg Assoc. Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 03 / 2021**
Transaction ID : 13101910
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
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 14 OF 21
	<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	

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Rosebrough, Walter, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32000 Pinetree Rd
 City Cleveland State OH Zip Code 44124-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical Device Mfg Assoc. Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 04 / 2021**
Transaction ID : 13102053
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. LaViolette, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 Woodlawn Ave.
 City Wellesley State MA Zip Code 02481-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) S V Life Sciences Occupation (for Individual) Executive Chairman
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **05 / 05 / 2021**
Transaction ID : 13102210
 Amount of Each Receipt this Period 3000.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8000.00
TOTAL This Period (last page this line number only).....▶	96000.00

**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 15 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Medical Device Manufacturers Association PAC

A. Boston Scientific Corp Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 Boston Scientific Way

City Marlborough	State MA	Zip Code 01752-1234
---------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2021

Transaction ID : 13002484

Amount of Each Receipt this Period
2500.00

Memo Item

Contribution from FED PAC

B. CryoLife Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1333 H Street NW
Suite 400 West

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00386771

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2021

Transaction ID : 13007424

Amount of Each Receipt this Period
5000.00

Memo Item

Contribution from FED PAC

C. Merit Medical Systems Inc Employee Good Governance PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1600 West Merit Parkway

City South Jordan	State UT	Zip Code 84095
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00475343

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2021

Transaction ID : 13102059

Amount of Each Receipt this Period
5000.00

Memo Item

Contribution from FED PAC

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

**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 16 OF 21
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Medical Device Manufacturers Association PAC

A. Friends of Pat Toomey

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1180 Welsh Road
Suite 100

City North Wales State PA Zip Code 19454

FEC ID number of contributing federal political committee. **C** C00461046

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2022
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 07 / 2021

Transaction ID : 13080373

Amount of Each Receipt this Period
500.00

Memo Item

Refund of Contributions to Federal Candidate

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

**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

A. Maggie For Nh

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 298

City Concord State NH Zip Code 03302

Purpose of Disbursement Direct Contribution

Candidate Name Hassan, Margaret, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement 01 / 26 / 2021

FEC Identification Number C00588772

Transaction ID : 12974278

Amount of Each Disbursement this Period 1000.00

Direct Contribution Memo Item

B. Curtis For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 370 East South Temple, Suite 580

City Salt Lake City State UT Zip Code 84111

Purpose of Disbursement Direct Contribution

Candidate Name Curtis, John, , Rep.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: UT District: 03

Date of Disbursement 02 / 17 / 2021

FEC Identification Number C00647339

Transaction ID : 13002497

Amount of Each Disbursement this Period 1000.00

Direct Contribution Memo Item

C. Friends of Schumer

Full Name (Last, First, Middle Initial)

Mailing Address 220 I Street, NE Suite 250

City Washington State DC Zip Code 20002

Purpose of Disbursement Direct Contribution

Candidate Name Schumer, Charles, , Sen.,

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify) ▼

State: NY District:

Date of Disbursement 02 / 17 / 2021

FEC Identification Number C00346312

Transaction ID : 13002498

Amount of Each Disbursement this Period 1000.00

Direct Contribution Memo Item

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

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

3000.00

**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. People for Patty Murray

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2021

Mailing Address c/o Tracey Buckman
1602 Belle View Blvd, #510

FEC Identification Number

C	C00257642
---	-----------

Transaction ID : 13002499

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

City Alexandria State VA Zip Code 22307

Purpose of Disbursement
Direct Contribution

011
Category/ Type

Candidate Name
Murray, Patty, , Sen.,

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

Full Name (Last, First, Middle Initial)

B. Lori Trahan For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2021

Mailing Address PO Box 1161

FEC Identification Number

C	C00655647
---	-----------

Transaction ID : 13033200

Amount of Each Disbursement this Period

5000.00

Direct Contribution

Memo Item

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Direct Contribution

011
Category/ Type

Candidate Name
Trahan, Lori, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MA District: 03

Full Name (Last, First, Middle Initial)

C. Jake Auchincloss For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2021

Mailing Address P.O. Box 600698

FEC Identification Number

C	C00721449
---	-----------

Transaction ID : 13057338

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

City Newtonville State MA Zip Code 02460

Purpose of Disbursement
Direct Contribution

011
Category/ Type

Candidate Name
Auchincloss, Jacob, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MA District: 04

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

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

7000.00

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**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. Drew Ferguson For Congress

Mailing Address PO Box 387

City West Point State GA Zip Code 31833

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Ferguson, A. Drew, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: GA District: 03

Date of Disbursement
MM / DD / YYYY
04 / 27 / 2021

FEC Identification Number
C00607838
Transaction ID : 13081442
Amount of Each Disbursement this Period
1000.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Anna Eshoo for Congress

Mailing Address 2350 Taylor Street Suite 7

City San Francisco State CA Zip Code 94133

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Eshoo, Anna, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: CA District: 14

Date of Disbursement
MM / DD / YYYY
05 / 19 / 2021

FEC Identification Number
C00258475
Transaction ID : 13105471
Amount of Each Disbursement this Period
5000.00
Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Garbarino For Congress

Mailing Address PO Box 101

City Bayport State NY Zip Code 11705

Purpose of Disbursement
Direct Contribution

011
Category/
Type

Candidate Name
Garbarino, Andrew, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 02

Date of Disbursement
MM / DD / YYYY
05 / 19 / 2021

FEC Identification Number
C00729954
Transaction ID : 13105472
Amount of Each Disbursement this Period
1000.00
Direct Contribution

Memo Item

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

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

7000.00

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)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. People for Patty Murray

Mailing Address c/o Tracey Buckman
1602 Belle View Blvd, #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement Direct Contribution

011

Candidate Name

Murray, Patty, , Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: WA District:

Date of Disbursement

Date of Disbursement form: 06 / 09 / 2021

FEC Identification Number

C00257642

Transaction ID : 13127682

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Blumenthal for Connecticut

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement Direct Contribution

011

Candidate Name

Blumenthal, Richard, , Sen.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: CT District:

Date of Disbursement

Date of Disbursement form: 06 / 09 / 2021

FEC Identification Number

C00492991

Transaction ID : 13127683

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Latta For Congress

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402

Purpose of Disbursement Direct Contribution

011

Candidate Name

Latta, Bob, , Rep.,

Category/Type

Office Sought: House Senate President

Disbursement For: 2022 Primary General Other (specify)

State: OH District: 05

Date of Disbursement

Date of Disbursement form: 06 / 16 / 2021

FEC Identification Number

C00438697

Transaction ID : 13132211

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1000.00

Direct Contribution

Memo Item

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

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

Summary box with SUBTOTAL 3000.00 and TOTAL fields.

**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. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2021

FEC Identification Number

C00048534

Transaction ID : 13132213

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address 499 South Capitol Street, SW
Suite 420

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Guthrie, Brett, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2021

FEC Identification Number

C000445023

Transaction ID : 13132215

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. LaHood for Congress

Mailing Address P.O. Box 10735

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

LaHood, Darin, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2021

FEC Identification Number

C000575050

Transaction ID : 13132216

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Memo Item

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

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

3000.00

23000.00