

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

- (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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
 - Primary (12P)
 - Convention (12C)
 - General (12G)
 - Special (12S)
 - Runoff (12R)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
 - General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2013 through [MM] / [DD] / [YYYY] 06 / 30 / 2013

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 Nancy Cushman

Signature of Treasurer Nancy Cushman [Electronically Filed] Date 07 / 24 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>	<input type="text" value="27510.00"/>	<input type="text" value="27510.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="27510.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16500.00"/>	<input type="text" value="16500.00"/>
(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="44010.00"/>	<input type="text" value="44010.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14895.25"/>	<input type="text" value="14895.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29114.75"/>	<input type="text" value="29114.75"/>
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).....	16500.00	16500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16500.00	16500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16500.00	16500.00
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))..... ▶	16500.00	16500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16500.00	16500.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	145.25	145.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	145.25	145.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14750.00	14750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	14895.25	14895.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14895.25	14895.25

DETAILED SUMMARY PAGE
of Disbursements

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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)	16500.00	16500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16500.00	16500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	145.25	145.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	145.25	145.25

**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 11
	<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)
Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial) A. Joseph Damico		Date of Receipt MM / DD / YYYY 05 / 14 / 2013 Transaction ID : 7396866
Mailing Address 272 East Deerpath Road		Amount of Each Receipt this Period 5000.00
City Lake Forest	State IL	Zip Code 60045-5314
FEC ID number of contributing federal political committee. C	Name of Employer MDMA	Occupation Founding Partner & CoChairman
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. James E Utts Jr		Date of Receipt MM / DD / YYYY 05 / 14 / 2013 Transaction ID : 7396867
Mailing Address 441 Thorne Lane		Amount of Each Receipt this Period 500.00
City Lake Forest	State IL	Zip Code 60045-2343
FEC ID number of contributing federal political committee. C	Name of Employer MDMA	Occupation Operating Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David J Koo		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 Transaction ID : 7452202
Mailing Address 1834 N. Wolcott Ave.		Amount of Each Receipt this Period 1000.00
City Chicago	State IL	Zip Code 60622-1004
FEC ID number of contributing federal political committee. C	Name of Employer RoundTable Healthcare Partners	Occupation Senior Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 11
	<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

Full Name (Last, First, Middle Initial)
A. Jack McGinley

Mailing Address 275 N Greenbay Road

City State Zip Code
Lake Forest IL 60045-2139

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

Name of Employer Occupation
RoundTable Healthcare Partners Founding Partner

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
06 / 07 / 2013
Transaction ID : 7452203

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Joe E. Kiani

Mailing Address 1 Point Catalina

City State Zip Code
Laguna Niguel CA 92677-9207

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

Name of Employer Occupation
Masimo Corporation President & CEO

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
06 / 26 / 2013
Transaction ID : 7488787

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	16500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address P. O. Box 713

City State Zip Code
Wheaton IL 60187

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2013

Transaction ID : 7146261

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jeanne Shaheen

Mailing Address 1010 Vermont Ave, NW
Suite 814

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Jeanne Shaheen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 13 / 2013

Transaction ID : 7267713

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Kelly Ayotte

Mailing Address PO Box 937

City State Zip Code
Manchester NH 03105

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Kelly Ayotte

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 29 / 2013

Transaction ID : 7310275

Amount of Each Disbursement this Period

750.00

Direct Contribution

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

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Orrin PAC

Mailing Address c/o EH Murray Group LLC
6510 Annal Maria Court

City Washington State DC Zip Code 20005

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 08 / 2013

Transaction ID : 7330209

Amount of Each Disbursement this Period

1000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Boehner for Speaker

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Direct Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2013

Transaction ID : 7332264

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Mike Kelly for Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement
Direct Contribution

Candidate Name

Rep. Mike Kelly

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

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : 7403016

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

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

5000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Mchenry for Congress

Mailing Address PO Box 1406

City Hickory State NC Zip Code 28603

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Patrick McHenry

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2013

Transaction ID : 7403255

Amount of Each Disbursement this Period

500.00

Direct Contribution

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 3612 Newark Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Sen. Ron Wyden

Category/
Type

Office Sought: House
 Senate
 President
State: OR District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2013

Transaction ID : 7413832

Amount of Each Disbursement this Period

2000.00

Direct Contribution

Full Name (Last, First, Middle Initial)

C. Vern Buchanan For Congress

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
Direct Contribution

011

Candidate Name

Rep. Vern Buchanan

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013

Transaction ID : 7454600

Amount of Each Disbursement this Period

2000.00

Direct Contribution

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

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NAME OF COMMITTEE (In Full)

Medical Device Manufacturers Association PAC

Full Name (Last, First, Middle Initial)

A. Charlie Dent For Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
Direct Contribution

011

Category/
Type

Candidate Name

Rep. Charles Dent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 26 / 2013

Transaction ID : 7488741

Amount of Each Disbursement this Period

2000.00

Direct Contribution

B.

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Disbursement this Period

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

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

2000.00

14750.00