

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 [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 [01] / [01] / [2023] through [06] / [30] / [2023]

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] / [28] / [2023]

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="2023"/>		<input type="text" value="163771.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="163771.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="91000.00"/>	<input type="text" value="91000.00"/>
(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="254771.55"/>	<input type="text" value="254771.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54000.00"/>	<input type="text" value="54000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="200771.55"/>	<input type="text" value="200771.55"/>
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).....	78500.00	78500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	78500.00	78500.00
(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)	91000.00	91000.00
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)).....▶	91000.00	91000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	91000.00	91000.00

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.....	54000.00	54000.00
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)) ..	54000.00	54000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54000.00	54000.00

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)	91000.00	91000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91000.00	91000.00
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 18
<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)
Medical Device Manufacturers Association PAC

A. Boren, Wilber, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 W 200 S

City Warsaw	State IN	Zip Code 46580
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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
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2023
Transaction ID : A2023-854244

Amount of Each Receipt this Period
5000.00

Memo Item

B. Carrell, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7555 Innovation Way

City Mason	State OH	Zip Code 45040
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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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2023
Transaction ID : A2023-1646326

Amount of Each Receipt this Period
1000.00

Memo Item

C. Damico, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1388 W. Lake Street

City Libertyville	State IL	Zip Code 60048-1730
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Medical Device Manufacturers Assn	Occupation (for Individual) Founding Partner & Co-Chairman
--	---

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
 03 / 27 / 2023
Transaction ID : A2023-828201

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 7 OF 18
<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. 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) Questa Capital Occupation (for Individual) General Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **05 / 15 / 2023**
Transaction ID : A2023-1148472
 Amount of Each Receipt this Period 4000.00
 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) Heartware Inc. Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : A2023-854240
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Huennekens, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5193 Del Mar Mesa Road
 City San Diego State CA Zip Code 92130-6812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Volcano Corporation Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : A2023-854242
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
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 18
<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. 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 Manufacturers Assn Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **04 / 12 / 2023**
Transaction ID : A2023-854248
 Amount of Each Receipt this Period 3000.00
 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 **05 / 01 / 2023**
Transaction ID : A2023-1646323
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Kiani, Massi Joe E., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 Discovery
 City Irvine State CA Zip Code 92618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massimo Occupation (for Individual) Chairman & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 05 / 2023**
Transaction ID : A2023-854246
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 18
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Klein, P. Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 101 Church St.
Suite 4

City Vienna State VA Zip Code 22180

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

Name of Employer (for Individual) Vensana Capital Occupation (for Individual) Managing Partner

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
 04 / 04 / 2023

Transaction ID : A2023-854245

Amount of Each Receipt this Period
 1000.00

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
 M M M / D D D / Y Y Y Y Y Y
 04 / 21 / 2023

Transaction ID : A2023-854249

Amount of Each Receipt this Period
 3000.00

Memo Item

C. Leonard, Francis, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 420 St. Davids Road

City Wayne State PA Zip Code 19087

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

Name of Employer (for Individual) CNS Cancers U.S., Novocure, Inc. Occupation (for Individual) President

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 / 15 / 2023

Transaction ID : A2023-1148471

Amount of Each Receipt this Period
 5000.00

Memo Item

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: PAGE 10 OF 18 (check only one)
<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"/>	<input type="checkbox"/> 17

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

A. 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 ▼ 3000.00

Date of Receipt **04 / 26 / 2023**
Transaction ID : A2023-1110801
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. 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 **03 / 01 / 2023**
Transaction ID : A2023-594197
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. 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) Avalign Technologies Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : A2023-854239
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
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 18
<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. 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) Vensana Capital Occupation (for Individual) Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 11 / 2023**
Transaction ID : A2023-1646328
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Packer, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Kendall Drive
 City Westborough State MA Zip Code 01581-3840
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ZOLL Medical Corp. Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 23 / 2023**
Transaction ID : A2023-854241
 Amount of Each Receipt this Period 5000.00
 Memo Item

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

Date of Receipt **04 / 26 / 2023**
Transaction ID : A2023-1110803
 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: PAGE 12 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Stiles, Spencer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8621 Brighten TRail
 City Mattawan State MI Zip Code 49071-8452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stryker Occupation (for Individual) Director
 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
 03 / 23 / 2023
Transaction ID : A2023-854243
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. Sweeney, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10869 N. Scottsdale Rd Apt. 3502
 City Scottsdale State AZ Zip Code 85254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Water Street Healthcare Partners Occupation (for Individual) 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
 04 / 10 / 2023
Transaction ID : A2023-854247
 Amount of Each Receipt this Period
 5000.00
 Memo Item

C. Trigg, Leslie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 Leland Avenue
 City Menlo Park State CA Zip Code 94025-6158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Outset Medical Occupation (for Individual) CEO (and MDMA Board Chair)
 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 / 15 / 2023
Transaction ID : A2023-1148470
 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).....	78500.00

**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 13 OF 18
<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. Abbott Laboratories Employee Political Action Committee

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

Mailing Address 100 Abbott Park Rd.

City Abbott Park	State IL	Zip Code 60064-6028
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FEC ID number of contributing federal political committee. **C** C00040279

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
03	/	23	/	2023

Transaction ID : A2023-20142

Amount of Each Receipt this Period
5000.00

Memo Item
Federal PAC

B. 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
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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	/	30	/	2023

Transaction ID : A2023-20199

Amount of Each Receipt this Period
5000.00

Memo Item
Federal PAC

C. Boston Scientific Corp. PAC

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
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00357863

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
06	/	30	/	2023

Transaction ID : A2023-20295

Amount of Each Receipt this Period
2500.00

Memo Item
Federal PAC

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

**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. Blake Moore For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 3213 Duke St. Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Candidate Name Moore, Blake, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) Convention

State: UT District: 01

Date of Disbursement 04 / 12 / 2023

FEC Identification Number C00738872

Transaction ID : B845008

Amount of Each Disbursement this Period 2500.00

Memo Item

B. Cathy McMorris Rodgers for Congress

Full Name (Last, First, Middle Initial)

Mailing Address 410 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name McMorris Rodgers, Cathy, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify)

State: WA District: 05

Date of Disbursement 04 / 12 / 2023

FEC Identification Number C00390476

Transaction ID : B845011

Amount of Each Disbursement this Period 5000.00

Memo Item

C. CMR PAC

Full Name (Last, First, Middle Initial)

Mailing Address 410 1st Street SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: 2023 Primary General Other (specify) Not Applicable

State: District:

Date of Disbursement 04 / 12 / 2023

FEC Identification Number C00469429

Transaction ID : B845010

Amount of Each Disbursement this Period 5000.00

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. Klobuchar for Minnesota

Mailing Address 1333 H St. NW - Suite 400 West

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Klobuchar, Amy, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	2	3

FEC Identification Number

C C00431353

Transaction ID : B845013

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kuster for Congress

Mailing Address P.O. Box 1498

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Kuster, Ann McClane, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	2	3

FEC Identification Number

C C00462861

Transaction ID : B845009

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Guthrie, Brett, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2023
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	3

FEC Identification Number

C C00445023

Transaction ID : B845197

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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. Angie Craig for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2023

Mailing Address 6129 Long Meadow Rd

FEC Identification Number

C	C00575209
---	-----------

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

Transaction ID : B846903

Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Craig, Angie, , ,

Category/
Type

5000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MN District: 02

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Neal Dunn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2023

Mailing Address 12176 Chancery Station Circle

FEC Identification Number

C	C00582304
---	-----------

City Reston	State VA	Zip Code 20190
----------------	-------------	-------------------

Transaction ID : B846904

Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Dunn, Neal, , ,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C. Michelle Steel For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		16		2023

Mailing Address 220 W Windsor Ave

FEC Identification Number

C	C00704981
---	-----------

City Alexandria	State VA	Zip Code 22301
--------------------	-------------	-------------------

Transaction ID : B846902

Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Steel, Michelle, , ,

Category/
Type

2500.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 45

Memo Item

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

8500.00

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

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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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Mr. SMITH PAC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Whitehouse for Senate. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Johnson For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 8000.00
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. Kevin McCarthy for Congress

Mailing Address 439 New Jersey Ave. SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

McCarthy, Kevin, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2023

FEC Identification Number

C C00420935

Transaction ID : B850290

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Lori Trahan for Congress Committee

Mailing Address 328 Massachusetts Avenue NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Trahan, Lori, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2023

FEC Identification Number

C C00655647

Transaction ID : B850287

Amount of Each Disbursement this Period

5000.00

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 M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

10000.00

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

54000.00